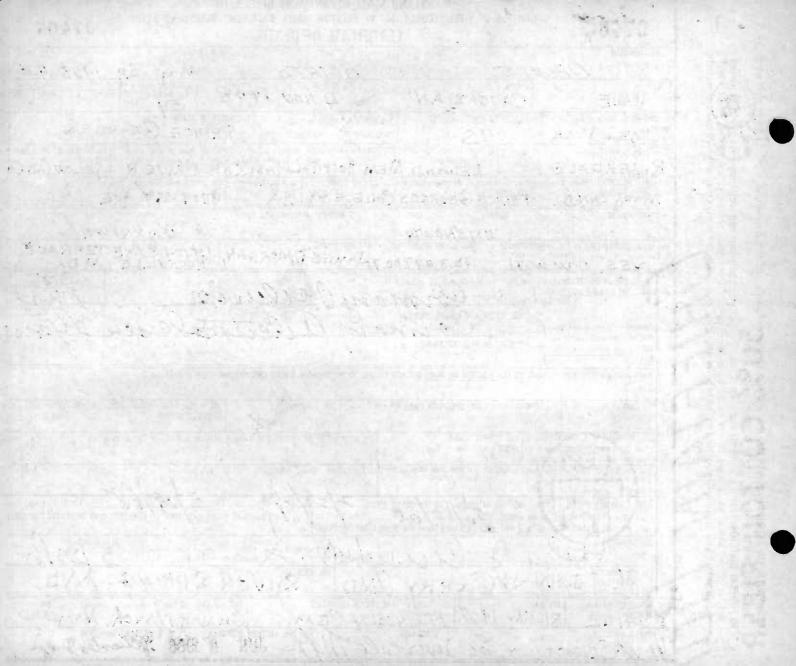
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37497 CERTIFICATE OF DEATH Lost 2o. DATE OF DEATH 1. DECEASED-NAME First Middle death. (Type or print) Month 5. DATE OF BIRTH 3. SEX 4. RACE 6. AGE IF UNDER 1 YEAR last birthdoy) MONTHS DAYS HOURS CAUCASIAN LI NOU MALE YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED FORGES PRINCE ORK DIVORCED [WIDOWED burial, crematian, ar remaval, and in any event, within 72 filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired give street oddress) remave carban RIVERDALE VELLOW and campletely 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed EORGES COLLEGE PH YES X NO 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Lost UNKNOWN UKIKNOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) 12307302 CAUSE OF DEATH (Enter only one couse per line for (p), (b), ond (c).) BETWEEN ONSET IND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) this certificate has been Health prior to for use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO T YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Yeor (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while ot work 220. I certify that (I) (this hospital) attended/the deceased from. sow the deceased alive on _____, that (I) (we) lost causes stated above, (I) (we) (did not) yiew the body after death. sow the deceased alive on. O FUNERAL DIRECTOR: 22b. SIGNATURE 22c. DATE SIGNE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS director, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 2So. REC'D. BY FUNERAL DIRECTOR



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20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) County Stote 22c. DATE SIGNED 23d. LOCATION (City or Town) (County) (Stote)

2b. HOUR

IF UNDER 24 HRS.

IF UNDER 1 YEAR

FORGE

INDUSTRY

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

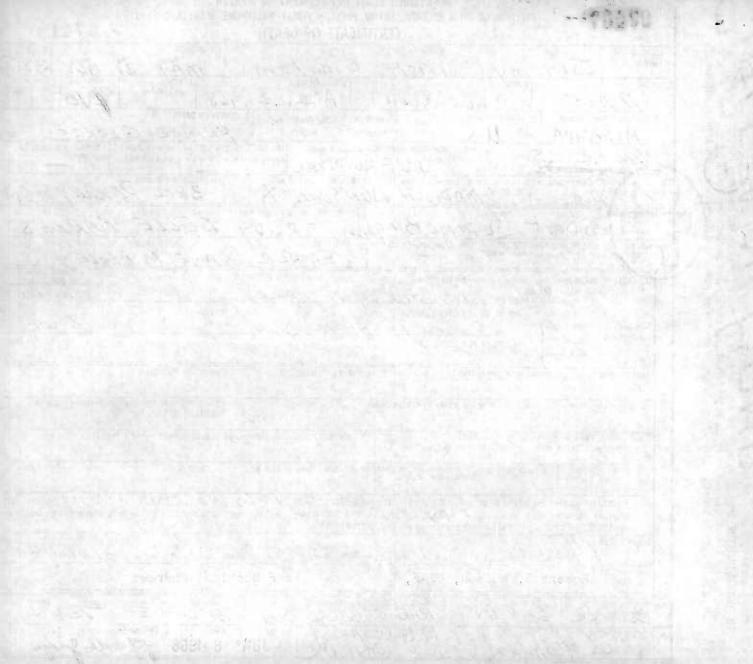
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requires that the death certificate be executed within 24 hours after death g physicion. In signed by the ottending physician and completely filled in the thereof e burial permit. Then please remove carbon papers. Pages 1 and 3 o burial, cremation, or removal, and in any event, within 12 hars after death	16a. Y	WAS DECEASED EVER IN U.S. ARME es, na, or unknown) (If yes give war	D FORCES? or dotes of service)	ST8 26 90		eton D	a	ddress	13e)
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ot the nsit mail		Conditions, if any, which gove rise to immediate cause (a),	(b)						
equires thot the death physicion. signed by the ottendii buriol-transit permit. burial, cremation, or re		stoting the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF					
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HAN: The low retail or a stending I ficote has been sfor use os the kfeelth prior to b	CERTIFICATION				YESXXX		CAUSES OF DEATH?	Yes	
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Sico spirite and f	EDIC	(If either, notify medical examine	r) P.M.		9				
TO HOSPITAL OR ATTENDING PHYSICIAN: Poge 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. af Healt	8	While Not while			CTORY.) 21f. LOCATION Street		City or Town	Coun	
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O HOSPITAL OR ATTENDING Poge 4 moy be retained by to O FUNERAL DIRECTOR: After director, page 3 should be a should be filed with the State	230.	BURIAL, CREMATION, 23b. DA	49,196	S 23c. NAME OF	CEMETERY OR CREMATORY		LOCATION (City or To	(Cour	nty) (Stote)
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MAKILAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2g. DATE OF DEATH 1. DECEASED-NAME Middle 2b. HOUR the funeral oges 1 and 2 rrs after death. TENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth Month 2 (Type ar print) Frank Day 1968 eor Bennett May 4. RACE burial-transit permit. Then please remove carbon papers. Pages 1 burial, crematian, or removal, and in any event, within 72 hours after 3. SEX S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR IF UNDER 24 HRS. last birthday) HOURS Male Caucasian 6/4/06 61 in by 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED rennsylvania DIVORCED [USA WIDOWED [completely filled in nove carbon paper Prince Georges 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) INDUSTRY during most of working life, even if retired.) Cheverly Prince Geo. Gen'l Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO Prince Georges Maryland 3105 Newton Street 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost Orazio Di Bennedetto Carmella De Angelis 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (son) 243 Addre Avenue Yes, no or unknown) (If yes give war or dates of service) James R. Bennett Murrayhill, NJ. 192037551 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION O FUNERAL DIRECTOR: After this certificate has been detoched for use os the e Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work director, page 3 should should be filed with the 22c. DATE SIGNED May 2, 1968 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE 22d. PHYSICIAN'S Prince Georges General Hospital, Cheverly, NAME (Type) Tomas J. Hernandez, M. D. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) BEMOYAL (Specify) 5-6-68 Gate of Heaven Cemetery Silver Spring, Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Wilhelm Funeral Home ADDRESS 25o. REC'D BY REGISTRAR 4308 Suitland Rd. SE, Suitland, Maryland rcharles 30M REV. 1/68 6 1968 MAY DATE

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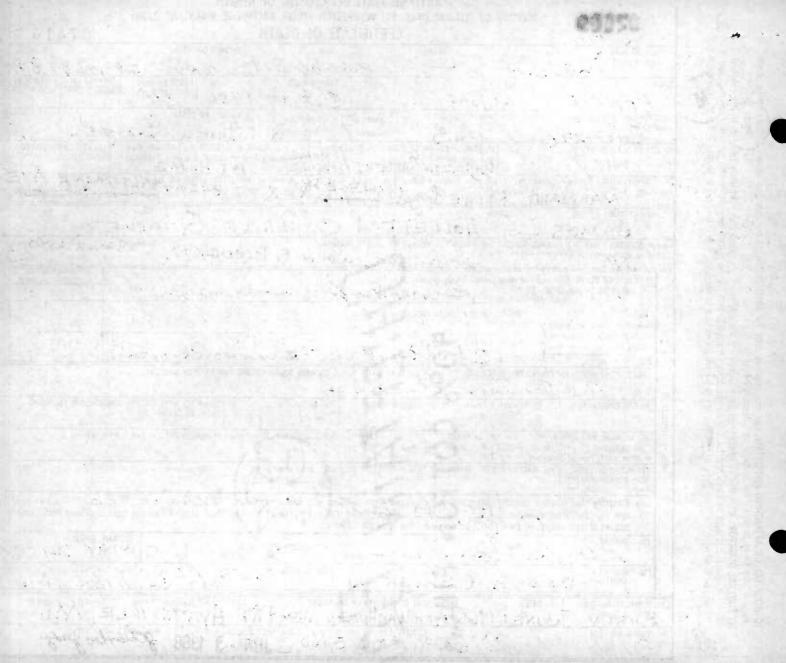


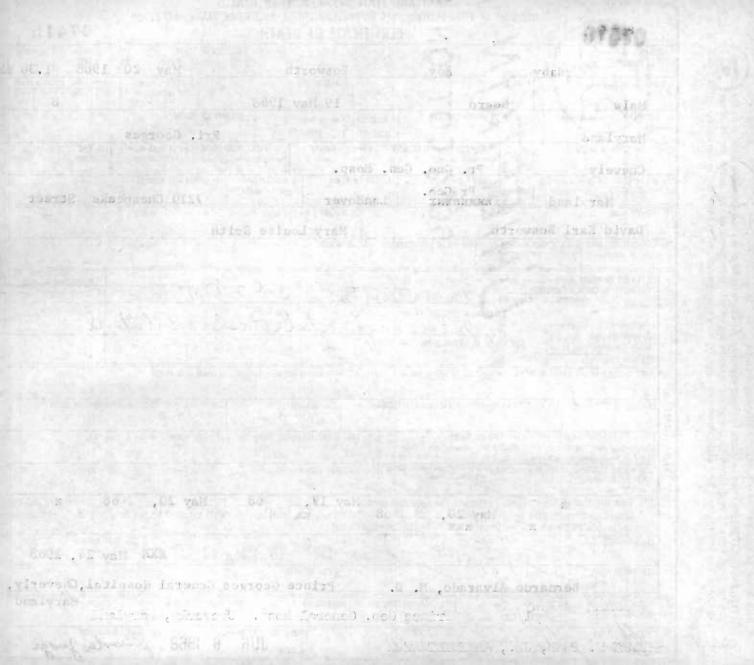
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#8.Film#GLOO 5/2MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME HEALTH DEPT First Middle Lost 20. DATE KNOWNETT Manth Yeor 2b. HOUR delay 1. nd 3 to Poge (Type or Print) ESTI-DEATH MATED \$ 5-12-68 : BOOM M 0 Bishop Walter Leonard 4. RACE 6. AGE (In years last birthday) IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR 3. SEX S. DATE OF BIRTH MONTHS 19 5:20pmM White 1-28-1910 YRS Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED TANEVER MARRIED 9. COUNTY OF DEATH country) DIVORCED [U.S.A Prince George's Give Pages Va. 12a. USUAL OCCUPATION (Kind of work done 12 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 24 hours ofter deoth Office olong with during most of working life, even if retired.) give street oddress) INDUSTRY" Prince George Hospital Maintance Man Government Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER deoth. I ond 2 with District of admission) STATE Washingtor YES -NO 430 K Street. Columbia ofter Middle 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME Last First Middle last Walter ... hours Bishop Evelyn Clarke the Chief Medical Examiner's bages R. F. D. Springfield Rd. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil executed within (Yes, na, ar unknown) (If yes give war or dates of service) 216 09 6644 Reta Huffman File 72 GlennDale, Md. APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: "pending" IMMEDIATE CAUSE (0) Heart failure minutes event DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease over buriol-transit Conditions, if ony, which gove rise to immediate cause (a). writing the word ony certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse _ forwarded to and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 00 removol, CERTIFICATION nsed 20. AUTOPSY? 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES [NO K This please execute the certificate, pe 4 should be 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. Na. City or Town State County foctory, office building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE AT WORK ___ AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection [X] Inquiry X and in my apinian director. Undetermined manner Natura Causes & death resulted fram: Suicide Hamicide Accident 5 may be retoine TO FUNERAL DIREC Health prior to t CHIFF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5-13-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) Riverdale. Md John Kehoe MD 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Baltimore National Baltimore Baltimore Md /15/68 Burial 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Francis Gasch's Sons Hyattsville, Md 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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be ey		JAMES HOLLETT CATHERINE QUAINER
moy be retained by the hospital or ottending physician. RAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove corbon popers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 has a state Dept.		WAS DECEASED EVER IN U.S. ARMED FORCES? (16b. SOCIAL SECURITY NO. 17. INFORMANT (17. INFORMANT) (If yes give wor or dates of service) unknown) (If yes give wor or dates of service)
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low endi s be rior	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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YSICIAN: ospital or certificate thed for u	MEDICAL	(If either notify medical examiner) P.M. 19
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificote has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the control of the c	W	21d. INJURY OCCURRED While at wark 21d. INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
IDING 1 by th After 1 be d		220. I certify that (I) (this hospital) attended the deceased from 12, 1968, ta 228, 1968, that (I) (we) last sow the deceased alive on 12, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the
ND Sed bed bed bed bed be Sed		sow the deceased alive on 1968, end that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
To Rain Habou	П	22c. DATE SIGNED
OR ATTENDING be retained by the JIRECTOR: After t e 3 should be de ed with the State	П	DEGREE PHYS. DIRECTOR
V by		22d. PHYSICIAN'S 22e. ADDRESS 3503 PERRY ST.
TO HOSPITAL OR ATTEN Page 4 moy be retained O FUNERAL DIRECTOR: director, page 3 should Should be filed with the		NAME (Type) DON B. CAMERON MT.RAINIER, MD
D HOSPII Page 4 m D FUNER director,	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 5 5 2 W		BUNKSPORTY JUNE 1, 1968 GEO WASHINGTON MEMPRI HYATTSVILLE, MD
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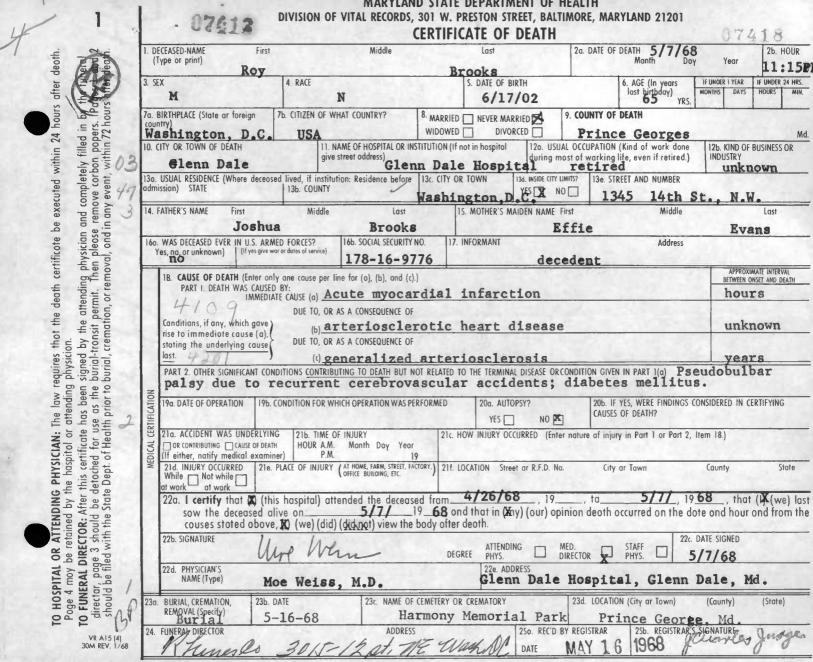
MAKILAND STATE DEPAKTMENT OF REALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME Middle Last First rours after death. (Type or print) Manth 1968 Brewer :40AN A. May Grace 6. AGE (In years IF UNCER 1 YEAR 3. SEX 4 RACE S. DATE OF BIRTH Jast birthday) MONTHS HOURS 2/11/96 Caucasian Female 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. 8IRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country popers. U.S.A. DIVORCED | WIDOWED [X] Prince George's within 72 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 filled 12o. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** give street oddress carbon Prince Geo. Gen. Hosp. Ofc Bldg Cheverly 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 113c. CITY OR TOWN 13e. STREET AND NUMBER event, 13d. INSIDE CITY LIMITS? 13b. COUNTY NO 1407 Alberta Drive Prince Geo Forestville Maryland inony 1S. MOTHER'S MAIDEN NAME First Middle Middle 14. FATHER'S NAME First Lost and Nelson Joseph Alsquith Esther Ellen Dove physicion or removol, and 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no. ar unknown) Elizabeth E. Hoar Rt #1 Box 292 Grottoes ottending phys APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: Cardiac Tamponade IMMEDIATE CAUSE (a) buriol, cremation, DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave) Myocardial Infarction buriol-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Rupture of Myocardium last. L PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Hypertensive coronary arteriosclerotic heart disease. Health prior to the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING hos CAUSES OF DEATH? YES X NO | TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year retained by the hospital be detached for Stote Dept. of H P.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Nat while 220. I certify that (I) (thickness ited) attended the deceased from 3/2/ . 19 0 1, to May 25 . 19.68 , that (I) 1600 last saw the deceased alive on May 25 19 68, and that in (my) (8%) opinion death accurred an the date and hour and from the courses stated above, (I) (we) (did) distant) view the body ofter death. director, page 3 should 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. STAFF DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d, PHYSICIAN'S 3308 Dodge Park Rd., Landover, Md. 20785 NAME (Type) Max M. Herzberg, M.D. 23d. LOCATION (City or Town) 23¢ NAME OF CEMETERY OR CREMATORY (County) (State) 23o. 8URIAL CREMATION. 23b. DATE BEMOVAL (Specify) Suitland PG Maryland 5-29-1968 Washington National 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Robert E. Wilhelm Fut Per 1 Home 2Sa. REC'D BY REGISTRAR MAY 29 1968 4308 Suitland Road Suitland Maryland

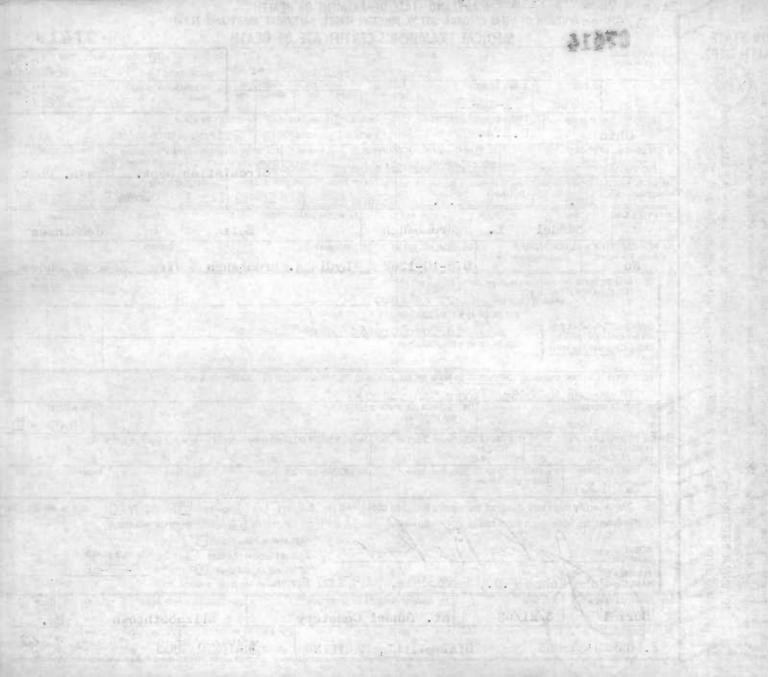
MARTLAND STATE DEPARTMENT OF HEALTH

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	5/31/68	en DIVISION (RDS, 301 W. PREST			AND 21201			
FOR STATE		676	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH			0741	3
HEALTH DEPT.	1. DECEASED-NAME (Type or Print)	First		Middle	Last		20. DATE KNOWN	Month D	ay Year	2b, HQUI
is 0 8 12	(Type of Fillin)	James		Perry	Brumbaug	th sr	OF ESTI-	5 1	8 1968	(p)
deloy and 3 M3. Pa	3. SEX		S. DATE OF BIRTH	6. AGE (In year last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	2c. DATE PRONOUNC			2d. HOU
del and del	male	white	11-10-0	1 /// "	RS. MUNITIS DATS	HUUKS MIN.	Month 5	Doy 18	Year 19 68	1:3
2 2 Poo	7a. BIRTHPLACE (Sto		CITIZEN OF WHAT O	OUNTRY? 8.	MARRIED NEVER MA	ARRIED 9. COU	NTY OF DEATH	5011 124	akat	
Poges 1,	deuntry) Ohi	5	U.S.A.	W	IDOWED DIV	ORCED P	rince Geor	rge's		٨
# go # 45	10. CITY OR TOWN C	F DEATH		OF HOSPITAL OR INSTITUT		1 12a. USUAL OC	CUPATION (Kind of v	wark dane 12	b. KIND OF BUSIN	VESS OR
P 2 34	Cheverl	1	give street	oddress) ce George's	General H	Tospering most of	working life, even i	if retired.) IN	Wash. Po	ne+
ofter death 8. Give Poges olong with Toi with the State	130. USUAL RESIDEN	CE (Where deceased	lived, if institution:	Residence befare 13c. C	ITY OR TOWN	3d. INSIDE CITY LIMITS?	13e. STREET AND NO	MBER		
s often 18. Gi 9 olong 2 with death.	odmissian) STAT	Md.	13b. COUNTY	P.G. Gl	enn Dale	YES NO	Box 158	Henn D	ale Road	d
1 hours 1 tem 18 Office 1 office ofter d	14. FATHER'S NAME	First	Middle	Last	IS. MOTHER'S MA	IDEN NAME First	N	Aiddle	Last	
24 h in Ith r's O r's O rs of		Samuel	L.	Brumbaugh		Beli	ia I	L	Jenkins	on
		VER IN U.S. ARMED FOR		. SOCIAL SECURITY NO.	17. INFORMANT		ADDR	ESS		
within pencil camine le pog	(Yes, na, ar unkna No	VII) (If yes give war i	or dates of service} 5'	78-10-1262	Lvdia	V. Brumbau	igh Wife	a Sam	e as ab	ove
ould be executed within vord "pending" in pencil ne Chief Medical Examine al-transit permit. File pogany event within 72 hou	18. CAUSE O	F DEATH (Enter anly a							APPROXIMATE II BETWEEN ONSET A	NTERVAL
e executed pending" is ef Medical sit permit.	PART I.	DEATH WAS CAUSED BY	Y: He:	art Failure				1000	DETWEEN ONSET A	IND DEATH
Med nt v	410	9		A CONSEQUENCE OF	and the same	The last	See Stor	100		
be "pe lief insit		any, which gave	(b) A7	teriosclero	tic Heart	Disease		3727		
ord ord		diate cause (a), (A CONSEQUENCE OF		THE PARTY OF THE P	1317-17-1			3.4
should be e ne word "per to the Chief I burial-transit I in any even	last.	00	(c)					11-97		
This certificate should cate, writing the word be forwarded to the Ch lbe used os o burial-trans removal, and in any	PART 2. OTHER	SIGNIFICANT CONDITIO	ONS CONTRIBUTING 1	O DEATH BUT NOT RELAT	ED TO THE TERMINAL I	DISEASE OR CONDITIO	N GIVEN IN PART 1(a)		
fico ing rdec os l, a	z Dia	betes Mell	itus (ov	er ten year	s)		100	1.00		
certifi orwar used movo	190. DATE OF			CONDITION FOR WHICH			100		20. AUTOPSY?	
This certificate ficate, writing the be forwarded to do be used as or removal, and	190. DATE OF (WAS PERFORMED?					YES 🗆	NO 💢
The fica I be			216. TIME OF INJU	RY Manth, Day, Year	21c. HOW INJURY O	CCURRED (Enter natur	re of injury in Part 1	ar Port 2, Item	18.)	
INER: Time certifice should be files. 3 should Individual individu	PRIMARY CAUSE OF DEA	R CONTRIBUTING [HOUR A.M. P.M.	19						
		2101	CE OF INJURY (At ho		21f. LOCATION Street	or R.F.D. Na.	City ar Town		County	State
blcal EXAM blease execute the director. Page 4 etained for your DIRECTOR: Page or to burial, crem	AT WORK	AT WORK	y, office building, et	c.)						
L EXA ecute Page or you R:Pog	22a. 1	certify that I taol	charge of the re	emains described abo	ove, held an Auto	apsy , Ins	pection X,	nquiry X,	and in my	apinia
CTO For burning		•	_	X Accident		Hamicide .	Undetermined			
bicase ey director. etained birector or to bur		1	1	9 //-		IEF MEDICAL EXAMINE	R \square	The state of		
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ory, neral be be pri	EXAMINER'S	/	, , ,		DEI	PUTY MEDICAL EXAMI	NER X	5-19-	-68	
o DEPUTY necessory, p the funeral 5 may be re 5 reversely Heolth prio	NAME (Type)	John/Kehoe	e M.D., R	iverdale, M	laryland AD	DRESS(Street, city, to	wn, or county)			7
necessor necessor the fune 5 may b 10 FUNER Heolth	23a. BURIAL, CREM	(TION, 236. DA	TE	23c. NAME OF CEMETI	RY OR CREMATORY	23d.	LOCATION (City or To	own) (C	aunty) (Sta	ote)
	REMOVAL (Spe	5/2	1/68	Mt. Tunne	l Cemetery	7	Elizabet	thtown	Pa	
	24. FUNERAL DIREC	OR	4-3-5	ADDRESS		2Sa. REC'D BY REC	GISTRAR 2Sb. I	REGISTRAR'S SIG	SNATURE _	
VR A15ME (5) 10M REV. 1/68	F. GASC	CH'S SONS	H	YATTSVILLE,	MARYLAND	DATE MAY	2 2 1968	fiche	mes Ju	age



1	17-	12-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07420
HEALTH DEPT!		DECEASED NAME First Middle Lost 20. DATE KNOWN Month D Type or Print) OF ESTI-	oy Yeor 2b. HOUR
s o ge to		Solomon David Burton DEATH MATED 5-3-	
S. Po	3. 5	lost birthday) MONTHS DAYS HOURS MIN. Manth Day	2d. HOUR
2, and 3 to PM3. Page		ale Negro 3-25-1968 - YRS. 1 5 3	68 19 7: 35pm
Dep m		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH OTHER PRINCE GEORGE IS NOTICE OF WHAT COUNTRY? 1. MARRIED DIVORCED PRINCE GEORGE IS	
th ges n fare			2b. KIND OF BUSINESS OR
hours ofter death bny delay ltem 18. Give Pages 1, 2, and 3 Office olong with farm PM3. Produced 1 and 2 with the State Department after death.	4		IDUSTRY
s ofter 18. Giv e olong 2 with t deoth.	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER	
18. 18. 2 w dec		dmission) STATE 13b. (OUNTY Prince George Brentwood YES NO 3911 Webster S	treet
hours Item Office 1 and 2	14. 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Mazie Burton	Lost
thin 24 miner's miner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
within 24 hours ofter death pencil in Item 18. Give Pages 1, caminer's Office olong with farm 1e pages 1 and 2 with the State De 72 hours after deoth.		(es, no, or unknown) (if yes give wor or dotes of service)	
should be executed wit e word "pending" in pe the Chief Medical Exan urial-transit permit. File in ony event within 72	-	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL
executed ading in Medical permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Pulmonary edema and congestion	BETWEEN ONSET AND DEATH
execundire Med T per		5/4X DUE TO, OR AS A CONSEQUENCE OF	50 5 BASS
be "pe hief ansi		(onditions, if ony, which gove rise to immediate couse (o), (b) SDII Etiology undetermined	
ony		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per o the Chief ! burial-transit		ast. (c)	
O DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours ofter death necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funerol director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used a burial-transit permit. File pages 1 and 2 with the State Delegith prior to burial, cremation, or removal, and in any event within 72 hours after death.	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) $522 \times$	
certif , writi orwor used moval	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?
his ate, oe fo	RTIF		YES NO
INER: This e certificate should be files. 3 should be mation, or re-	GIG	PRIMARY OR CONTRIBUTING HOUR A.M.	1 18.)
INER: shoul files. 3 shoul ation	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, white Not white foctory, office building, etc.) WHILE NOT WHILE foctory, office building, etc.)	County Stote
bical EXAMINER: se execute the certi ctor. Poge 4 should ned for your files. ECTOR: Poge 3 shou buriol, cremation,		WHILE NOT WHILE foctory, office building, etc.)	
L EX		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection 🕱, Inquiry 🔀,	and in my apiniar
lCA e e ex ttor. ed 1 cTO		death resulted fram: Notivial causes 🖾 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌	
leas direction of r	10	CHIEF MEDICAL EXAMINER	
TY, p. Y., p. rool oe re prio	18	ACTUAL SIGNATURE	
TO DEPUTY DICAL EXAM necessary, please execute the funerol director. Poge 4 5 may be retained for your TO FUNERAL DIRECTOR: Poge Health prior to buriol, crem		EXAMINERS	-6-68
O D D The	230	TOOMI KENOE MD RIVERDALE, MG.	County) (Stote)
T T		REMOVAL (Specify) 5/9/68 Lincoln Memorial Suitland Md.	(3.3.3)
All	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE COLLEGE
VR A15ME (5) 10M REV. 1/68		Hoffman Funeral Home 909 6 Street N.W. DATEMAY 1 3 1968 Followed	The same
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07421 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) Manth 2.35AM May Rov Burwell S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS after last birthday) MONTHS HOURS 1 May 1901* Male Negro 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED T NEVER MARRIED country Yancvville U. S. WIDOWED | DIVORCED [requires that the death certificate be executed within 24 PrinceGeorges filled event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.)

Mechanic INDUSTRY corbon completely Pr. Geo. Gen. Hosp. Cheverly 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY YES 🗀 NO M 60th Street ond in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First ond William Lillie Burwell A. Bigalow 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, ar unknawn) signed by the attending physi buriol-transit permit. Then pl buriol, cremotion, ar removal, Fairmont Hehts. 572-01-4982 Mrs. Mazie Burwell 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic failure due to cirrhosis of liver with severe jaundice and ascites. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) (b) Pulmonary edema and congestion rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Cardiomegaly. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) detached for use as the e Dept. af Heolth prior to hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES X NO [TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept, af Heolt ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 220. I certify that (I) (this haspital) attended the deceased from_ _, to that (1) , and that in (my) (aur) apinian death occurred on the date and hour and from the saw the deceased alive an____ causes stated above, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE **ATTENDING** STAFF DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 23b. DATE 5/25/68 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (State) REMOVAL (Specify) Yancyville, N. C. 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV. 1/68

MAKILAND STATE DEPARTMENT OF DEALTH

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	ACCEPTED HAME		CERTIFICATE OF DEATH		OF LYLL	1742	1 11
	PECEASED-NAME First (Type or print)	Middle aldine	lost Butler	2o. DATE OF	Month Day	Year	2b. HOUR
3. S		4. RACE	S. DATE OF BIRTH		May 29	1968	12.20 IF UNDER 24 HRS.
3. 3				010	6. AGE (In years lost birthday)		HOURS MIN.
70	Femal E BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	3 Feb., 1	912 9. COUNTY OF	56 YRS.		
cou	intry) N . 4	U.S.A.	B. MARRIED X NEVER MARRIED DIVORCED DIVORCED				***
10.	CITY OR TOWN OF DEATH		ISTITUTION (If not in bornital 120 US	UAL OCCUPATION	eGeorges (Kind of work done	12b. KIND OF B	Md.
4	Cheverly	give street oddress)	orge Gen. Hosp.	most of working	life, even if retired.)	INDUSTRY	OSMESS OK
	. USUAL RESIDENCE (Where deceose	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CIT	Y LIMITS? 13e. STI	REET AND NUMBER	.,,,,,,,	
6 odn	nission) STATE Maryland	13b. COUNTY Pri. George	Bowie YES	NO 1	2103 Tuli	p Grove	Dr
14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First	Middle		Last
	James 11 Higgins		Isabelle Hai	ward.			Md
160	N. WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown) (If yes give w	IED FORCES? or or dates of service) 16b. SOCIAL SECURITY			Address	C /	PIEC
=	, , , , , , , , , , , , , , , , , , , ,		Richard J Sne	ll, Son i	2103 Tulep		
	1B. CAUSE OF DEATH (Enter onl PART 1. DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c)	1) 1			BETWEEN ONS	ET AND DEATH
	IMMEDIA	TE CAUSE (a)	nonflour			1-2	month
	Conditions, if ony, which gove)	DUE TO, OR AS A CONSEQUENCE OF	4				
	rise to immediate cause (o),	(b) mm	my sile juna	my			
	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF					
		DITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVE	IN PART 1(a)		
	1992 Dine	Time Roman	A-Marte				
ATIO	190. DATE OF OPERATION 19b. (CONDITION FOR WHICH OPERATION WAS PI	REPRED 20a. AUTOPSY?		YES, WERE FINDINGS C	ONSIDERED IN CER	TIFYING
K			YES NO [CAUSES	OF DEATH?		
/\ ~	210. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (En	ter noture of injur	y in Part 1 ar Port 2,	Item 1B.)	
	OR CONTRIBUTING CAUSE OF DEATH	er) P.M. 1					
	til either, notity medicol exomit.						State
MEDICAL C	21d INHIPV OCCHERED 21e	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	(CTORY,) 21f. LOCATION Street or R.F.D. I	Na. City	or Tawn	County	
	21d. INJURY OCCURRED While Not while of work		(CTORY.) 21f. LOCATION Street or R.F.D. I				
	21d. INJURY OCCURRED While Not while of work		(CTORY.) 21f. LOCATION Street or R.F.D. I				
	21d. INJURY OCCURRED While Not while of work at work 22a. I certify that (I) (the saw the deceased all		ed from, 19				
	21d. INJURY OCCURRED While Not while of work at work 22a. I certify that (I) (the saw the deceased all	s hespital) attended the deceas	ed fram, 19 19, and that in (my) (our) a bady after death.	<u>CC</u> , ta pinian death o	5-19_, 19_		
	21d. INJURY OCCURRED While Not while 22a. I certify that (I) (this saw the deceased al causes stated abave 22b. SIGNATURE	s hespital) attended the deceas	ed fram, 19 19, and that in (my) (our) a bady after death. DEGREE PHYS.		5-19_, 19_	f, that (
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MEDICAL	21d. INJURY OCCURRED While of work at work 22a. I certify that (I) (this saw the deceased al causes stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	s hospital) attended the deceasive an 5-24, (I) (we) (did) (did not) view the LD C Elgren	ed fram , 19 19 , and that in (my) (our) a bady after death. DEGREE ATTENDING PHYS. 22e. ADDRESS M.O. France	MED. DIRECTOR D	5-19, 19, accurred on the do	f, that (
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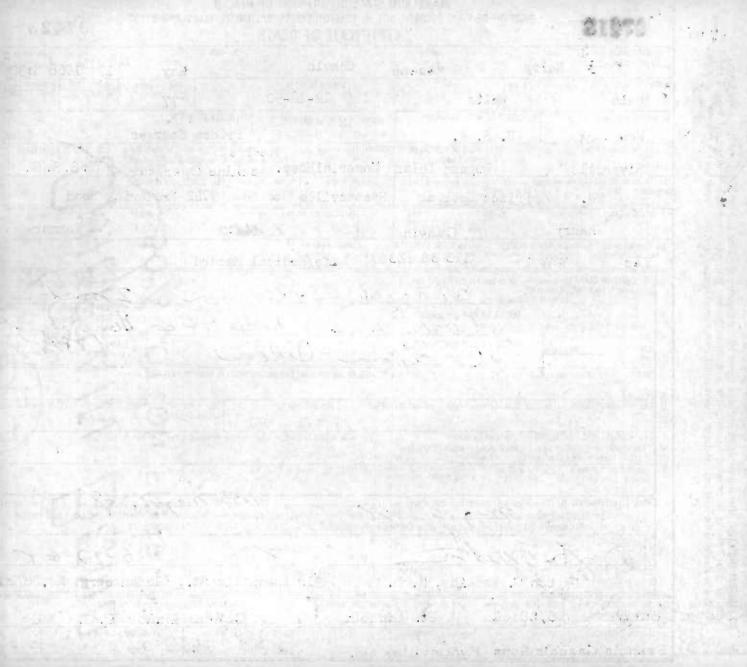
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07423 CERTIFICATE OF DEATH 2b. HOUR a DECEASED-NAME First Last 2n. DATE OF DEATH death. 24 hours after deoth. puo (Type or print) Month pnera Harry Jeseph Canvin 4. RACE 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) White 12-28-90 Male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED New York U. S. A. WIDOWED 3 DIVORCED [Prince Georges 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)

Eugene Leland MemorialHosp. Machine Operator

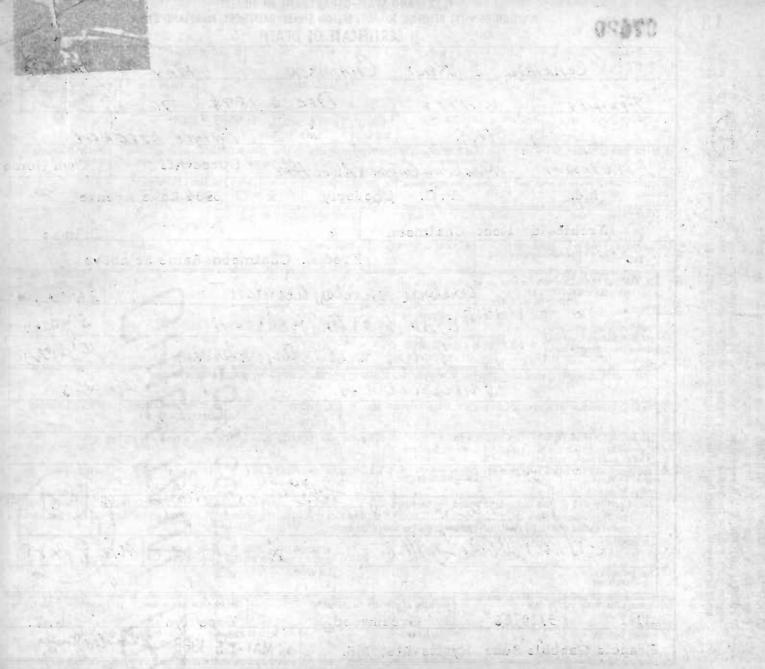
nstitution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR requires that the death certificate be executed within Riverdale 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE Md and in any event 7742 Frederick Road Hyattsville YES T NO F Georges 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle Middle Last Turner Idala Henry Canvin' 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) Yes 213 38 1236A cremotion, or remaval, Wife Medical Record APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEAT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) burial-tronsit rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? should be detached for use with the State Dept. of Health p YES [NO 🗔 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram , 19/10 (ta May 1, 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF director, page 3 should be filed v DEGREE DIRECTOR 23e ADDRESS 5318 Annapolis Rd., Bladensburg, Md.20710 PHYSICIAN'S Dayton O. Watkins, M. D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE (County) (Stote) BREMOVAL (Specify) 5/20/68 Ft. Lincoln Colmar Manor P.G. Md 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Francis Gasch's Sons Hyattsville, Md. DATE

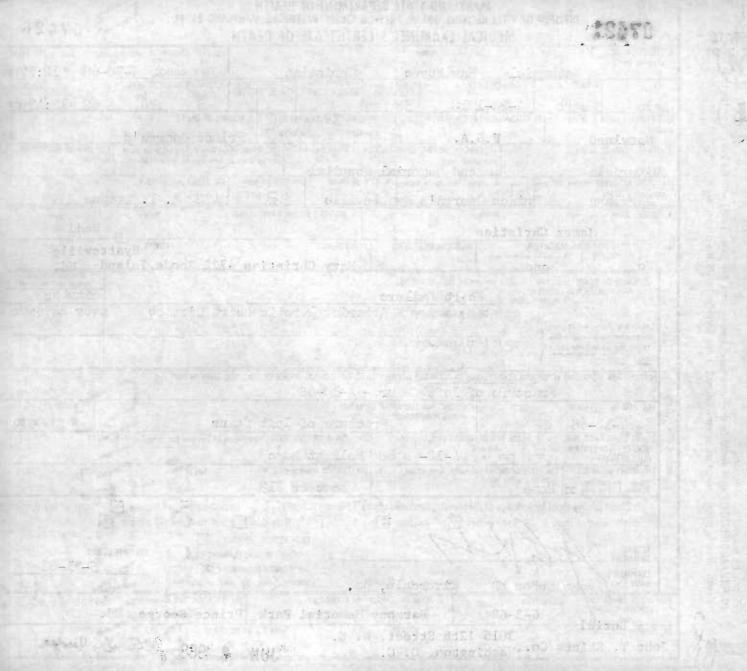


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	3. SE	X Male	4. RACE	Negro			S. DATE OF BI			6. AGE (In yellog)	ars y) YRS.	IF UNDER 1 YEAR MONTHS CAYS	IF UNDER 24 HRS. HOURS MIN.
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	14. [ATHER'S NAME First John	M		last rtledg	e	5. MOTHER'S MA	AIDEN NAME First Magg	ie	Mi	ddle		Last
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		REMOVAL (Specify) 5	DATE - 10-	-68	11 1	CEMETERY OR	GREMATORY Men		Hig	illan	Lt	ark,	md.
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07620 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b HOU death. (Type or print) Month KENT LARIBEL AIMSON after 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS DAYS DEC. 6 WHITE YRS. haurs 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote ar foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) WIDOWED DIVORCED [requires that the death certificate be executed within 24 TEORGE burial, crematian, ar remaval, and in any event, within 72 and completely filled please remave carban pap 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress INDUSTRYWN Home during most thwo king life over if retired.) ANHAM AGNOLIA G 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Md. 13b. COUNTY Cheverly P.G. 2504 Lake Avenue YES X NO 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Archibald Kent Chaimson Balmas attending physician permit. Then please 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no equnknown) Fred L. Chaimson Same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar ta 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO [TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased glive an . 19 (0 S. ta 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an_ causes stated obave, (1) (we) (did) (disect) view the bady after death. 22b. SIGNATURE 226. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burray (Specify) 5/10/68 Greenwood Brooklyn 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) 1968 5 Francis Gasch's Sons Hyattsville, Md. 30M REV, 1/68





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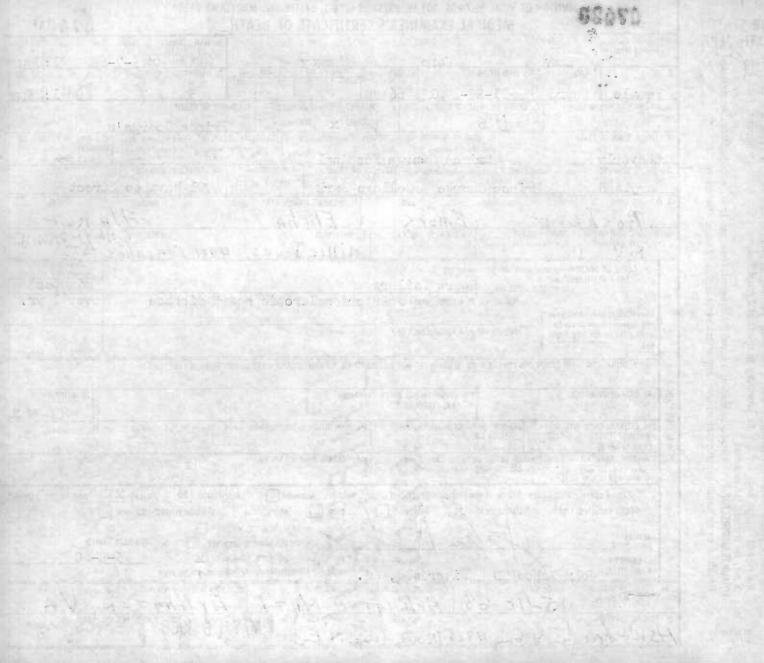
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		MARYLAND STATE DEPARTMENT OF HEALTH
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	EA	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor
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		While Not while 7
		ot work of work 22a. I certify that (1) (this haspital) attended the deceased from 1930, to May 1968, that (1) (we)
		saw the deceased alive an May 2 1968, and that in (my) (aur) apinion death accurred an the date and hour and from
		causes stated abave, (D) (we) (did) (did hat) view the bady after death.
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1	,	NAME (Type) DEWAHIN SMILLER 3824 34 ST MT RAINIER MR
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Y	24	FUNERAL DIRECTOR Nallay is Funeral ADDRESSMt. Rainier [250. REC'D BY REGISTRAR 25b. REGISTRAR'S, SIGNATURE]
	24.	FUNERAL DIRECTOR Nalley's Funeral ADDRESSMt. Rainier 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE Home Inc. Maryland Date MAY 20 1968 Climber 1969
		DIRECTOR DATE OF THE PARTY OF T

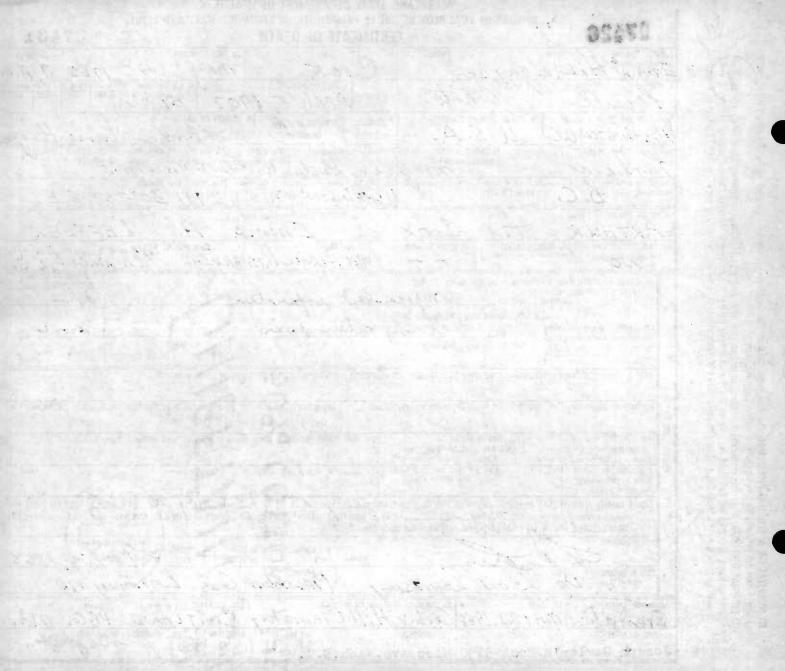
400 11.11900 - 4 Y tence beinge Alice Busing Dansel or superprise of the contract the first terms of th Bulletin March Commencer Company Come MERCHANICAN STREET, SECOND OF THE PROPERTY OF

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE 37439 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 20. DATE KNOWN Year (Type or Print) ESTIand 3 ta Page Jane DEATH MATED Conway IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR last birthday) PM3 Female Negro 11-28-1901 YRS pages 1 and 2 with the State Depart 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED T DIVORCED | Prince George's pencil in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Page 4 should be farwarded to the Chief Medical Examines's Office along with during most of working life, even if retired.) give street address) INDUSTRY Cheverly Prince George Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER after death 13b. COUNTY Fince George YES NO 4901 Navahoe Street College Park 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First 24 -Mory hours 16b. SOCIAL SECURITY NO. within 17. INFORMANT **ADDRESS** (If yes give war or dates of service) Millie Jones IVAVA File event within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease over burial-transit Canditions, if ony, which gove rise to immediate cause (a). certificate shauld please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse __ and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 OS remaval 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO T pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, P.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK burial, 22a. I certify that I taak charge of the remains described above, held an Autapsy . Inspection X Inquiry X, and in my apinian director. Natural causes K death resulted fram: Accident . / Suicide Hamicide Undetermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER TO Health **EXAMINER'S** may ADDRESS(Street, city, tawn, ar caunty) NAME (Type) Riverdale. John 23a. BURIAL CREMATION. DAT OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) REMOVAL (Specify) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAP VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



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11/1	F11	DIVISION OF VITAL RECORDS, 301 W. PRESTON STRE	ET, BALTIMORE, MARYLAND 21201	
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renti ned t. o	MED	If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street	ar R.F.D. Na. City ar Town Cou	unty State
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after lags to retained by the hospital or ottending physicion. FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the tall director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages I should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the plant of the prior to burial.		21d. INJURY OCCURRED While Of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street Of Work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street Of Work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION STREET (AT HOM	di K.F.D. Nd. City di Towii Coo	mry stole
ING Day there are to		22a certify that (1) (this haspital) attended the deceased from May 12	1, 1968, to may 20, 196	S, that (I) (we) last
ed be		saw the deceased alive an may 20 19 68, and that in (my)) (aur) apinian death accorred an the date an	nd haur and fram the
Nou He th		causes stated abave. (1) (we) (did) (did nat) view the bady after death.	20. DATE	CIONED
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Page Billed		DEGREE PHYS. 22d. PHYSICIAN'S 22g. Address		10,1763
TO HOSPITAL OR ATTENDING Poge 4 may be retained by TO FUNERAL DIRECTOR: After director, poge 3 should be should be filed with the Stot		NAME (Type) DR. LEON LEVITSING / 1966	NOLA Gods LANAS	, HD.
D HOSPI Poge 4 n D FUNER director,	23a.	BURNAL CREMATION 23b. DATE 23c, NAME OF CEMETERY OR GREMATORY	23d. LOCATION (City or Town) (Con	unty) (Stote)
5 5 5 2 V	6	BURNAL (REMATION) 23b. DATE 23c. NAME OF CEMETERY OR GREMATORY REMOVALYSDECTIVE MAY 22, 1968 CEDA & HILL CREM	atory SuiTLAND P.	GCo. Md.
VR A15	24.	UNERAL DIRECTOR ADDRESS 2	25a. REC'E BY REGISTRAR 25b. REGISTRAR'S SIGNA	TUR Judge
30M REV. TO	J	seph Gawler's Sons 5130 Wisc. Ave. Wash. D.C.	DATE MAY 2 2 1968 June 1	00



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1.	2005	DIVISION	OF VITAL RECORDS,	301 W. P	RESTON STE			201		
	16886			CERTIFIC	ATE OF				074	433
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3. SEX	Male	4. RACE	egro	ille.	S. DATE OF BI 10/26	RTH 5/1895	6. AGE (In you last birthed	eors (y) YRS.	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN,
70. BIRTHPLAC	E (Stote or foreign		WHAT COUNTRY?		NEVER MAR	KIEU	OUNTY OF DEATH		74 15 15	
country) Ge	orgia	U.S.		WIDOWED			rince Georg		Trat come co	Md.
Glen	n Dale	g	1. NAME OF HOSPITAL OR IN: ive Greet oddress Dale	Hospi	tal		CUPATION (Kind of wor working life, even if re ed		12b. KIND OF INDUSTRY	BUSINESS OR
13o. USUAL R odmission)	ESIDENCE (Where deceos STATE	ed lived, if inst 13b. COUNT	titution: Residence before Y	Wash	.,D.C.	13d. INSIDE CITY LIMITS? YES NO NO	13e. STREET AND NUM 2416 Ott		. N.E.	
14. FATHER'S	NAME First Willian	Middl	e Lost Davis	1:	S. MOTHER'S MA	AIDEN NAME First		iddle	Colem	lost an
160, WAS DEC	EASED EVER IN U.S. ARM		16b. SOCIAL SECURITY	NO. 17	INFORMANT			dress		
Yes, no. or	unknown) (If yes give w	or or dates of service			Decede	ent				
18. CAU	SE OF DEATH (Enter on	y one couse pe	er line for (o), (b), ond (c)	.)					APPROXI	MATE INTERVAL ONSET AND GEATH
	RT I. DEATH WAS CAUSED		Acute myo		1 infar	ction			Hou	
14	109	(,	OR AS A CONSEQUENCE OF						3166	
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	mmediote couse (a), the underlying couse(DUE TO, (OR AS A CONSEQUENCE OF					100		
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190. DAT	E OF OPERATION 19b.	CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20o. AUTO		20b. IF YES, WERE FII CAUSES OF DEATH?	NDINGS CO	NSIDERED IN C	ERTIFYING
	CIDENT WAS UNDERLYIN		E OF INJURY				re of injury in Port 1 or	Port 2, I	tem 18.)	
W 21d IN	NTRIBUTING CAUSE OF CEAT r, notify medical examin	HOUR A	.M. Month Doy Yeor .M. 1							
21d. IN. While of work		PLACE OF INJU			OCATION Stree	et or R.F.D. No.	City or Town		County	Stote
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Sc	w the deceased o	live an	ottended the deceas	1968 an	d that in (m	y) (our) opinion	deoth occurred or	the da	te and hour	ond from the
		(we) (d	id) (XXXX) view the	bady after	aeath.			22, 1	ATE SIGNED	
22b. SIG	NATUKE	of Vit	M	DEG	REE PHYS.	NG MED.	OR STAFF		17/68	
22d. PH	YSICIAN'S	*		DEG	22e. ADD		OK ZZ FRIS. ZZ	/	21700	1-1-1-1
N A	ME (Type) Moe	Weiss,			Gle		Hospital,G1	lenn	Dale,Mo	d.
230 BURIAL REMOVA	CREMATION, 23b.	DATE /	P 23c NAME OF	CEMETERY OR	CREMATORY	234	1. LOCATION (City or Tox	-	(County)	(Stote)
24. FUNERAL	U/s	1/8	ADDRESS	1.10	-	2So. REC'D BY REC			SIGNATURE	dight.
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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17435 DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR yours after deoth Month 29 (Type or print) Hugh H. Dobson May :10PM 4 RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR IF UNDER 24 HRS last birthday) DAYS Male Feb. 12, 1892 Caucasian 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED SCHNEVER MARRIED Prince Georges ennessee U.S.A. WIDOWED | DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital Pre 1 model College Gen 1 Hospital during mast of warking life, even if retired.) signed by the attending physicion and completely filler buriol-tronsit permit. Then please remove carbon pet buriol, cremotion, or removal, and in ony event, within 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Cheverly INDUSTRY Ret Guard II.S. Govt 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER requires that the death certificate be executed Mary land Prince George's Hyattsville YES NO T 2703 Kirkwood Place 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Middle Lost Lost William Dobson Pearl 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. Address Yes, no or unknown) (If yes give war or dates of service) Mrs.Carrie L. Dobson (above address 577-10-0237 Wife) 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Canditians, if any, which gave: rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CVA- Cerebellae area. TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES 🗀 NO VY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22b. SIØNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Ronald S. Fleischer, M. D. 7411 Riggs Rd., Hyattsville, Maryland 23d. LOCATION (City or Town) Suitland, Md. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 230. BURIAL, CREMATION, (Caunty) (State) Cedar Hill Cem. REMOVAL (Specify) 24. FUNERAL DIRECTOR Nalley's Funeral ADDRESSAL Rainier, 250. REC'D AY REGISTRAR Maryland Home Inc. 30M REV. 1/68 DATE

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FOR STATE		DIVIDION	OI TITLE RECORDS, OUT	W. PRESTON STREET, BALTIA	IONE, INNETERING TIZOT	
HEALTHEDEDT		07437	MEDICAL EXAM	INER'S CERTIFICATE C	F DEATH	07436
HEALTH DEFT.		ECEASED-NAME First	Middl	e Last	2a. DATE KNOWN Manth	Day Yeor 2b. HOUR
× 0 € 5 ×		Type or Print) Anthon	īV	Dock	OF ESTI- DEATH MATED 12 5-1	14-68 1911:05pm
delay and	3. 5		S. DATE OF BIRTH	6. AGE (In years IF UNDER 1 YEAR	IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
		Male Negro	3-10-1916	last birthday) MONTHS DAYS YRS.	Manth 5-14-68 Day	Year 1911: 31pmm
y de la colo	70.		. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARR		
	caur	try) Md	U.S.A.	WIDOWED XX DIVORC		Md.
24 hours ofter death in Item 18. Give Pages r's Office alang with fores 1 and 2 with the State irs after death.	10.	ITY OR TOWN OF DEATH		OR INSTITUTION (If not in haspital	12a. USUAL OCCUPATION (Kind of wark done	12b. KIND OF BUSINESS OR
ofter death 8. Give Page alang with 1 with the Stat	4	Cheverly	give street oddress)	orge Hospital	during most of warking life, even if retired.)	Handyman
fter Giv ang th t	130.	USUAL RESIDENCE (Where decease	d lived, if institution: Residence	before 13c. CITY OR TOWN 13d. I	NSIDE CITY LIMITS? 13e. STREET AND NUMBER	y was a second
s ofter 18. Giv alang 2 with death.	9	dmission) STATE	Prince George	Bladensburg	ES □ NO □ 4102 46th. St	creet
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24 hours in Item 1: r's Office es 1 and 2 rrs after d		Andrew Dock	{	L	enn Butlen	
hin 24 ncil in niner's pages hours	16a.	WAS DECEASED EVER IN U.S. ARMED FO	100.5000125200	IRITY NO. 17. INFORMANT	ADDRESS	
d within in pencil in Examiner. File page in 72 hour	1	(If yes give we	ar or dates af service)	Mas Clen	174 Reeden Sist	ter
shauld be executed with word "pending" in perion the Chief Medical Examburial-transit permit. File In any event within 72		1B. CAUSE OF DEATH (Enter only	ane cause per line far (o), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cute Jica dica vith		DADT I DEATH WAS CALISED	BY: E CAUSE (a) Pulmonary			DEFFICE ONSET THE DEATH
Mer pe		4519		WCE OF Thrombophlebi	tis	
be "pe "pe lief insit		Canditions, if any, which gave	(b)			
ord ord frc ny		rise to immediate cause (a), stoting the underlying couse	DUE TO, OR AS A CONSEQUE	NCE OF		
share the wind		last.	(c)			ite ine who a second
This certificate shauld be executed within icate, writing the word "pending" in pencil be farwarded ta the Chief Medical Examine I be used as a burial-transit permit. File pagar remaval, and in any event within 72 hou		PART 2. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1(a)	
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wri rwa rwa sed	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION WAS PERFO	FOR WHICH OPERATION		20. AUTOPSY?
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iffice d be ald b		PRIMARY OR CONTRIBUTING		y, tear 21c. HOW INJURY OCCU	RRED (Enter nature of injury in Part 1 ar Part 2,	Item 18.)
LER: T certific nauld b les. should rian, an	000	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. P.M.	19		
=	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PL	HOUR A.M. P.M. ACE OF INJURY (At hame, farm, s	19		County State
XAMINER: To the certificate of should by your files. Page 3 should cremation, an	MEDIC	CAUSE OF DEATH 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK	HOUR A.M. P.M. ACE OF INJURY (At hame, farm, sory, office building, etc.)	19 21f. LOCATION Street ar	R.F.D. Na. City or Town	
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Item # #8 film # G401 MARYKAND STATE DEPARTMENT OF HEALTH

sterile district and the second secon BEET TO THE LOCALIST CONTRACTOR OF THE STREET

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 37437 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type ar print) Manth F. William Dunn, Sr. May 968 3. SEX 5. DATE OF BIRTH 6. AGE (In years **IF UNDER 1 YEAR** lost birthday) MONTHS HOURS Male Caucasian May 2 1907 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED XX NEVER MARRIED country) Georgia U.S.A. signed by the attending physician ond completely filled in buriol-transit permit. Then please remove carbon popers. buriol, cremation, or removal, and in any event, within 72 h Prince Georges WIDOWED [DIVORCED [ician ond completely filled lease remove carbon pope 12a. USUAL OCCUPATION (Kind of work dand O 120 KIND OF DISINES OR UT 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital Frince Georges Gen'l Hospital during mas Supervisor getired.) Cheverly 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER denission) 1 STATE YES NO Greenbelt 18U Ridge Rd Georges 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle Last Middle Walter Blanche Frank Dunn Matthews 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address (If yes give yourse tates of service) which is the state of the state 219 01 2936 Viva V. Dunn Same as #13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of the head of the pancreas with IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF metastasis to the liver. Canditians, if any, which gave) Jaundice. rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause Stenosing coronary arteriosclerosis with myo-PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to cardial fibrosis. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES XX 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City ar Town County State While Nat while ot work 220. I certify that (I) (this hospital) attended the deceased fram_ May 8, __, 19_68__, that (I) (xxe) last 19.68, and that in (my) (sw) opinion death accurred on the date and haur and from the sow the deceased alive on May 8, 19.68, and that causes stated obave, (1) (xxx) (d/d) (dictor) yew the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED.
DIRECTOR STAFF DEGREE PHYS. 22e. ADDRESS 22d. PAYSICIAN'S Wilkiam C. Weintraub, M. D. Prof.Bldg., Greenbelt, Maryland 20770 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23o. BURIAL CREMATION (County) (Stote) BREMOVAL (Specify) 5/11/68 Woodlawn Baltimore Baltimore Md. 250. RECIPHORY REGISTRAR 19686. RECIPHORY SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md. 30M REV. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07438 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ALTH DEPT 1. DECEASED-NAME Middle 20. DATE KNOWN Month (Type or Print) ESTI-Page James Gordon DEATH MATED T 3. SEX 4. RACE IF UNDER 24 HRS. S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 White 8-17-1920 Male 6:03 pm 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm in Item 18. Give Pages 1, WIDOWED [DIVORCED [Prince George's land 2 with the Stater 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired ENGINEER give street oddress) Cheverly Prince George Hospital 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Brince George's YES NO 6313 67th. Court Riverdale 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME Middle GORDON JAMES UNKNOWN haurs the Chief Medical Examiner's pencil 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SAME AS # 57012 1325 JEAN File within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (0) Intracerebral hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove And Hypertensive cardio vascular disease rise to immediate couse (a). shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ 4 shauld be farwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🔯 NO T pe b 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) NOT WHILE AT WORK NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autapsy [X], Inspection X, Inquiry X and in my apinian Natural causes X death resulted from: Accident . Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may b ro FUNER Health DEPUTY MEDICAL EXAMINER DC **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) John Kehoe MD Riverdale, Md. 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) ATIONA 2Sb. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

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JUVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17442 film G401MEDICALGEXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME HEALTH DEPT **Eirst** Middle 2a. DATE KNOWN 2b. HOUR Manth (Type or Print) ESTI-George Fichter DEATH MATED :00amM 3. SEX 4. RACE 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d. HOUR last birthday) HOURS Year A Right O 7am M Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH (auntry) WIDOWED [DIVORCED [Prince George's Pages Sta 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address) in Item 18. Give Cheverly Prince George Hospital the Chief Medical Examiner's Office along with death. 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO 6503 Alleghaney Avenue Takoma Park 24 haurs after and 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME Middle Last haurs pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16b. SOCIAL SECURITY NO. 17. INFORMANT be executed within (Yes, na, ar unknawn) (If yes give wor or dates of service) ABE W.W.T .⊆ within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: permit. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Heart failure "pending minu es DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease event unknown burial-transit Conditions, if any which gave rise to immediate cause (a), certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . . 4 shauld be forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 90 remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This please execute the certificate, YES 🗍 NO T pe D 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING cremation, P.M. CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, City or Town County State foctory, office building, etc.) NOT WHILE burial, 22a. I certify that I took charge af the remains described above, held on Autapsy ... Inspection X Inquiry X ond in my opinion Natural causes X. death resulted fram: Accident | Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE 5-31-68 DEPUTY MEDICAL EXAMINER 5 may 10 FUNE **EXAMINER'S** ADDRESS(Street, city, tawn, or county) NAME (Type) Riverdale. Md. the 23a. BURIAD CREMATION 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

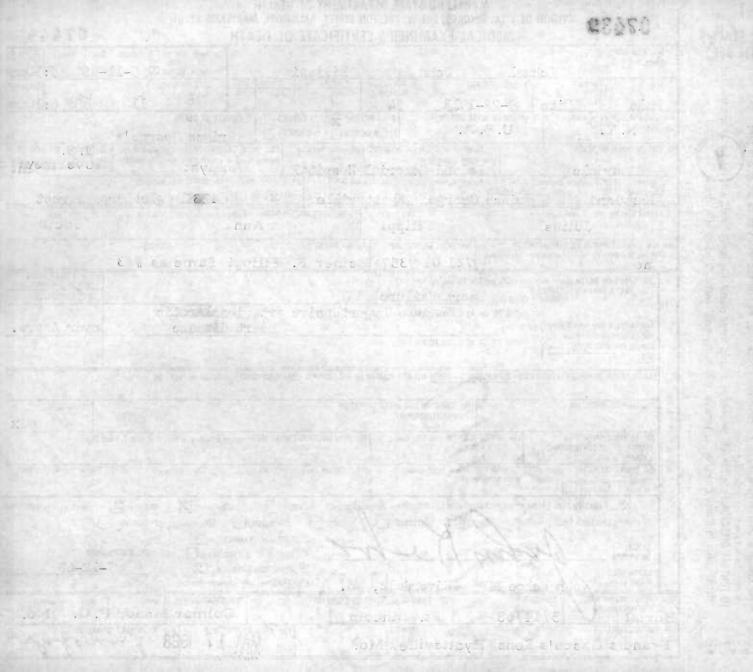
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Yeor (Type ar Print) ESTI-Ruth Fiefield DEATH MATED 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR white 11-16-98 female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form country) D.C. U.S.A. WIDOWED K DIVORCED T Prince George's poges 1 and 2 with the State 8. Give Pages 12 WALDEWATION (Kind of work dane | 12b. KIND OF QUISINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital after deoth Office olong with give street oddress)
Frince George's General Hosp. Telephone Operator Capitol Cheverly 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO 3908 Newton Street Colmar Manor in Item 1 ofter First IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Elizabeth Harry J. Gorbutt V. La Dane ne certificate, writing the word "pending" in pencil in should be forwarded to the Chief Medical Examiner's hours within 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil (Yes, no, or unknown) 579-14-6578 Katherine L. Ingram, Gordonsville, Va. APPROXIMATE INTERVA within be executed 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit. BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple pulmonary emboli DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if any, which gave (b) Phlebo-thrombosis rise to immediate cause (a). certificote should writing the word ony DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= Immobilization of leg in cast puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D 05 or removal, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This YES X pe 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year 3 should PRIMARY OR CONTRIBUTING X HOUR A.M. buriol, cremation, 1968 fell at home and fractured fibula CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County factory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK 3908 Newton Street, Colmar Manor, P.G. please execute 22a. I certify that I took charge of the remains described above, held an Autopsy [X], Inspection X, Inquiry X and in my opinion director. death resulted fram. Natural/causes Suicide . Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE. 5-27-68 DEPUTY MEDICAL EXAMINER Heolth **EXAMINER'S** Kehoe M.D., Riverdale, Maryland ADDRESS(Street, city, town, or county) NAME (Type) John 23c. NAME OF CEMETERY OR CREMATORY
Cedar Hill Cemetery 50 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) 5-28-68 REMOYAL (Spacify) Suitland, Md. 24 FUNERAL DIRECTOR F. Gasch's 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Sons 4739 Balt. Ave., Hyattsville, VR A15ME (5)

THE REPORT OF THE PARTY OF THE HERE WELLSHIPS SHERE WELLSHIP STREET and the state of t A CONTRACTOR OF THE STATE OF TH

1		MARYLAND STATE DEPARTMENT OF HEALTH OP 2. SE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	07444
DEEL of		CEASED-NAME First Middle Lost 20 DATE KNOWN C Month	Doy Year 2b. HOUR
ment of	(ype ar Print) Michael John Filippi DEATH MATED 🗵 5-11	1-68 195:30am
	3. S	lost birthday) MONTHS DAYS HOURS MIN. Month Day	Year. 2d. HOUR
		10.10	6819 6:10am
	caur	VI) N. Y. U.S. A. WIDOWED DIVORCED Prince George's	M
13	10. (ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) Riverdale 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Analyst Analyst	12b. WNDSF BUSINESS OR
16	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland Prince George Hyattsville YES NO 4231 Oglethor	rpe Street
1	_	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Jucik
		Julius Filippi Anna	Jucik
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFORMANT 17. INFORMANT	
		no	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
	199	Heart failure 4/20 DUE TO, OR AS A CONSEQUENCE OF Hypertensive arteriosclerotic	minutes
		Conditions, if ony, which gove) heart disease	over 4 yrs.
		rise to immediate couse (o), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	0101 4 940
		lost. (c)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	NO	943×	Los TITODENS
1	Z	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	CERTIFICATION	21 a. EXTERNAL CAUSE WAS 21 b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, In	YES NO [3]
	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
	MED	21d. INJURY OCCURRED AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, fordary, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
	41/	22o. I certify that I took charge of the remains described above held on Autapsy , Inspection , Inquiry	7, and in my opinio
	1	death resulted from: Natural suges X Acident , Suicide , Homicide . Undetermined manner	
		CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE	
_		EXAMINER'S	5-12-68
-	7220	NAME (Type) Och Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county) BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
1	V_	REMOVAL (Specify) 5/14/68 Ft. Lincoln Colmar Manor	1 1/ 1 /
W	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRARS	SIGNATURE
	F	rancis Gasch's Sons Hyattsville, Md. DATE MAY 11 1908	son house



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7-1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21:	201
FOR STATE	Item8 Film#Ghol 5/MEDICAL EXAMINER'S CERTIFICATE OF DEATH	37446
HEALTH DEPT.		KNOWN Month Doy Yeor 2b. HOUR
to ge of	John Leo Friedl DEATH	MATED \$ 5-12-68 191:15am
y deloy is and 3 to M3. Page	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 15 UNDER 1 YEAR 15 UNDER 24 HRS. 2c. DATE Plast birthday) MONTHS DAYS HOURS MIN. Month	PRONOUNCED DEAD Year Year
	Male White 26 Sept. 1913 54 YRS. 5	12 689 3:58am
orm orm	70. BIRTHPLACE (Stote or foreign country) Wisconsin II S A MARRIED NEVER MARRIED 9. COUNTY OF DE WIDOWED DIVORCED Prince	
th food		George s M Kind of work done 12b. KIND OF BUSINESS OR
after death. 8. Give Poges I, along with form with the State Deeoth.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital duribantewiked) 120. USUAL OCCUPATION (duribantewiked) 120. USUAL OCCUPATION (Recurred)	ogasantif retired.) INDUSTRY. S. Gover
s after 18. Giv along with t deoth.	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREE	T AND NUMBER
18. 18. 2 w		Riverdale Road, Aptl2
hours Item 18 Office of I ond 2 v	14, FATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First	Middle Lost
24 in 1 gr's (gr's (John Friedl Frances 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO 17 INFORMANT	64368585th Pacelli
thin 24 encil in miner's poges hours	(Yes no or unknown) (If we give wor or dates of carvira)	
J with pe Exon File	Yes WW 11 Evangeline H. Friedl 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL
be executed "pending" in nief Medical E: ansit permit. Fevent within	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 3rd. degree burns of 100% of body sur	face BETWEEN ONSET AND DEATH
execundin Med Med per	890 × DUE TO, OR AS A CONSEQUENCE OF	ST-VIII VOY CLASH CON
"pe "pe hief ansit	Conditions, if ony, which gove rise to immediate couse (a), (b)	
should be e ne word "per o the Chief I buriol-transit	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she were to the buri	lost. (c)	
INER: This certificate should be executed within 24 hours after death be certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with form files. 3 should be used as a buriol-transit permit. File pages I and 2 with the state Deation, or removal, and in any event within 72 hours after death.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART I(o)
certifi , writir orward used o movol,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
for	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury)	YES NO
INER: This e certificate, should be for files. 3 should be to a should be to a should be to the files.		in Port 1 or Port 2, Item 18.)
IER: certi ould les. shou tion,	PRIMARY X OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 1:158Mn 5-12- 19 68 Bed caught fire. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. (ity)	
MIN the the 3 e 3 e 3	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No.	or Town County Stote
L EXA ecute Poge or you R: Pag	WHILE NOT WHILE 5313 Riverdale Road, Apt. 123, Riverdale, M d.	
	22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection [death resulted fram: No yeal couses, Accident, Suicide, Hamicide Undet	
o DEPUTY DICA necessory, please exthe funeral director. S may be retained to FUNERAL DIRECTOR. Health prior to bur	death resulted fram: Notical couses , Accident X, Suicide , Hamicide , Undet	ermined manner
ple di di di lor ior	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	22b. DATE SIGNED
OUT)	EXAMINER'S DEPUTY MEDICAL EXAMINER	5-13-68
O DEPUTY necessory, the funero 5 may be O FUNERAL Health pri	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or cour	**
0 = + × O =	230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Washing	
	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR	25h REGISTRAB'S SIGNATURE
VR A15ME (5)	Francis Gasch's Sons Hyattsville, Md. DATE MAY 17 1	1 25b. REGISTRAP'S SIGNATURE Judge.

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		09220	DIVISION OF VITAL RECORDS, 30			07447
	1	110330	CEF	RTIFICATE OF DEAT	H	0171
4 -24		ECEASED-NAME First	Middle	n løst	2a. DATE OF DEATH	2b. HOUR
r death. uneral 1 ond 2 rr death.		Type or print)	dugene	Kane	Manth 18 Do	- 1968 12 PM
E	3. 5		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
7 2 2 5		m	(1)	11-12-18	last birthday) 72 YRS.	MONTHS DAYS HOURS MIN.
No or	70.	BIRTHPLACE (Stote or foreign	7b, CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
		La Plata ma	U.S.A W	IDOWED DIVORCED	Premo Serras	2. M. 6 Md.
filled thin 72 thin 72	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITU gjve street address)	TION (If not in haspital 12a. I	USUAL OCCUPATION (Kind of work done g most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
\$ 503.7		lealor Ms	Time View, Jak	Lu Hear Cons	Harmer.	
TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ined by the hospital or attending physician. OR: After this certificate has been signed by the attending physician and campletely filled auld be detached far use as the burial-transit permit. Then please remave carbattages the State Dept. af Heolth prior ta burial, crematian, ar remaval, and in any event, within 77 in the State Dept.	13a adn	USUAL RESIDENCE (Where decease	d lived, if institution; Residence before 13d	Jacobson 13d. INSIDE (NO DE FRUEDONE	mo
and cam remave in any ev	14.	FATHER'S NAME First	Middle / Last	15. MOTHER'S MAIDEN NAM	AE First Middle	11 Closh
n a se r		La pour ce	muel Gamer	Clube	tl	Welch
ertificate be physician c nen please naval, and ii	160	WAS DECEASED EVER IN U.S. ARME		17. INFORMANT	Address	13 D.3 A34
ahys en F		res www	or dates of service) 215-56-493	8 Charles H	enry Garner-Bro	
ne death cer attending p permit. The	9	1B. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c).)	4.0		APPROXIMATEUN TERVAL BETWEEN ONSET AND OFATH
he death attendir permit. ian, ar re		PART I. DEATH WAS CAUSED	BY: E (AUSE (a) CARDIA	C ARI	2 E S/	
afte		4129	DUE TO, OR AS A CONSEQUENCE OF		1/1	10 maile
t the		Conditions, if ony, which gave	(h) ASHD	AND AZO	TEMIA	10 mone
hat n. ny t ans		rise to immediate cause (o), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
es t icia ed b il, c		last.	(c)			
equires that th physician. signed by the burial-transit burial, cremati		PART 2. OTHER SIGNIFICANT COND	OITIONS CONTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(a)	
rec n s n re b	1_	4200				
low ndir bee th	100		ONDITION FOR WHICH OPERATION WAS PERFOR	MED 20o, AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
he latter	CERTIFICATION			YES NO	CAUSES OF DEATH?	
or or of the house	EE	21o. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		Enter noture of injury in Port 1 or Port 2	Item 18.)
DING PHYSICIAN: The low requires the by the hospital or attending physician. Wher this certificate has been signed by be detached far use as the burial-transtate Dept. af Heolth prior ta burial, cre	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year			
osp cert hed ot. a	AED MED	21d. INJURY OCCURRED 21e. F	LACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D	. No. City or Town	Caunty State
PH his his of Deg		While Not while		1 1 1 2 1	1 4 4 14 4 1	
N Y TE		22a. I certify that (I) (this	haspital) attended the deceased to	rom 1/10/	9 68 ta 1/18/	that (1) (we) last
Aft Aft e St		saw the deceased ali	ve an 1/18/ 196	8, and that in (my) (aur)	opinian death accurred on the d	ote and hour and from the
ATTEND etained CTOR: A shauld vith the		cooses stated above,	(1) (we) (did) (did nat) view the bad	y after deoth.		
OR ATTEND be retained JIRECTOR: A e 3 shauld ed with the 8		22b. SIGNATURE	1 Dotas	ATTENDING (MED. STAFF 22c	DATE SIGNED
OR DIRE		() eq	ed K Jugan	PHYS.	DIRECTOR L PHYS. L 5	/18/1968
O HOSPITAL OR ATTENE Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the		22d. PHYSICIAN'S NAME (Type)	FOFTO DIE	22e. ADDRESS	2/10/-10/1	ND
OSP JNE Uld	22.	BURIAL, CREMATION 23b. D.	ATE 220 NAME OF CEM	TERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: The low range 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Heolth prior ta	Z30	REMOVAL (Specify) 23b. D.		Heart Cemet	ery La Plata,	(County) (State) Maryland
14/	24.	FUNERAL DIRECTOR	ADDRESS			S SIGNATURE
VR A15(X) 30M REV. Y 68	1	Robert +	110000 7/1000	Inc. my DATE		arles Judge
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MARYLAND STATE DEPARTMENT OF HEALTH 07643 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07448 DECEASED-NAME Middle Last 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and burial, crematian, ar removal, and in any event, within 72 haurs after deal Doy 968 Year Baby Girl Gerhart May 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) HOURS Caucasian May 4, 1968 Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED XX country) WIDOWED [DIVORCED [Maryland
10. CITY OR TOWN OF DEATH U.S.A. Prince Georges 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY Prince Geo. Gen'l Hospital Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES NO 3833 Hamilton Street Maryland Prince Georges Hyattsvill 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Jackson Gerhart Patricia Ruth Shank 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, na. ar unknawn) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) After this certificate has been be detached far use as the State Dept. af Health priar ta 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO [O FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached far us 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased fram May 4, , 19.68, ta May 5, , 19.68, that (1) (we) last saw the deceased alive an May 5, 19.68, and that in (xx) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an May 5 19 68, and that causes stated abave (k) (we) (did) (states tot) view the bady after death. director, page 3 shauld shauld be filed with the 22h, SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE May 5, 1968 PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Rernardo Alvarado, M. Prince Georges General Hospital Cheverly

ATORY

23d. LOCATION (City or Town)

(County) Mar Stolehard 23 NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION REMOVAL (Specify) Prince George's General Cheverly, Maryland HOSDITE REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 WILLIAM A. PARKER, ASSOC. ADMINISTRATOR

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anby cliff Central Cay 3, 1365 Inc. Both, a well and manager of columny Prince lacornes COURS TINE - Prince Oce Och Eligspitali-THE CHOWSHO Maryland - Drive Meanagh Department July Land - Department Jackson Connect Succession of the State Street 1001 . Comp. 12 . 1008

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17449 CERTIFICATE OF DEATH 2b. HOUR . DECEASED-NAME First Middle Last 2a. DATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death (Type ar print) Lucille W. Gibson 10:30 IE LINDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lest-birthday) MONTHS DAYS 6/27/1877 Female Negro 7a. BIRTHPLACE (State or foreign country) British 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED please remave carbon papers. .⊆ Prince Georges WIDOWED [X] DIVORCED [West Indies USA ?? attending physician and campletely filled sermit. Then please remave carbon pape 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.) **INDUSTRY** Glenn Dale Glenn Dale Hospital unknown unknown 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 3820 7th St., N. W. YES NO T Wash., D. C 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last Middle Christopher Waltimer unknown 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) 577-66-1267 or remayal, Decedent APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) RECURRENT (permit. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) been s ELLITUS: OLD CEREBROVASCULAR ACCIDENT as the priar to by the haspital ar attending 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING Page 4 may be retained by the haspital ar atter O FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? far use (YES 🔲 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year detached for the Dept. of H (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Caunty State While Nat while at wark 22a. I certify that **) (this hospital) attended the deceased from 8/24/, 1966, to 5/16/, 1968, that **) (we) lost saw the deceased alive on 5/16/ 1968, and that in **(**) (aur) apinion death occurred on the date and haur and from the causes stated abave, * (we) (did) * * wiew the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 5/16/68 K DEGREE DIRECTOR PHYS PHYS. 22e. ADDRESS Glenn Dale Hospital 22d. PHYSICIAN'S NAME (Type) Glenn Dale, Maryland Moe Weiss, M. D. director, 23d, LOCATION (Citygar Tawn) (Caunty) (State) 23a. BURIAL, CREMATION. REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 1968 SOH BUTLER Charles

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07450 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 2a. DATE KNOWN X Month Year (Type or Print) ESTIab. Thomas Michael DEATH MATED 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD 2d. HOUR Day / 1968 male white 7-7-38 Depu 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED X 9. COUNTY OF DEATH Office along with farm WIDOWED [DIVORCED [Prince George's U. S.A. 8. Give Pages land 2 with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done give street oddress) 4310 Madison Street during ment of warking life even if retired.) School Hvattsville death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY P.G. Hvattsville 4310 Madison Street YES X NO Item 1 after (14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Middle Lost William .⊑ Margaret Butler Glvnn Chief Medical Examiner's pages 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil 17. INFORMANT **ADDRESS** (Yes, no, ar unknown) (If yes give war or dates of service) File Philadelphia. John J. Glynn within APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Heart Failure minutes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave Arteriosclerotic Heart Disease unknown rise ta immediate cause (a), certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse _= forwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD removal CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This execute the certificate. YES X NO T shauld be 10 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) WHILE NOT WHILE T 220. I certify that I took charge of the remains described above, held on Autopsy X. Inspection X. Inquiry X ond in my opinion director. Noteral couses X Ascident . Suicide [deoth resulted from: Homicide Undetermined monner please CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** Kehoe M.D., Riverdale, Maryland ADDRESS(Street, city, town, or county) NAME (Type) John 0 23g. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) May 7,1968 Our Lady Of Grace Buria Langhorne 24. FUNERAL DIRECTOR 2Sg. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME [5] Francis Gasch's Sons Hyattsville, Md. Minley Judge 196B

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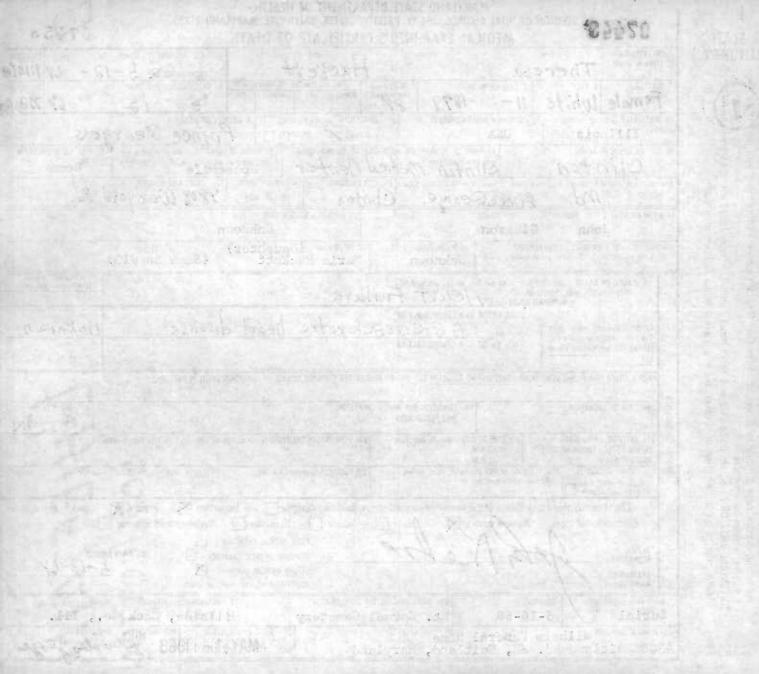
110	Ite 12	MARYLAND STATE DEPARTMENT OF HEALTH OF MARYLA	RYLAND 21201	
FOR STATE!		7446 MEDICAL EXAMINER'S CERTIFICATE OF DEAT		37451
HEALTH DEPT		ECEASED-NAME First Middle Lost Type ar Print)	2o. DATE KNOWN Manth	Day Yeor 2b. HOUR
ay is 3 to Poge		Brian William Gonter	DEATH MATED 🔀 5-2	3-68 197:30am
PM3. Poo	3. 5	EX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS Male White 1-11-1968 1985. 44	ZC. DAIL I KONOONCED DEAD	2d. Hour 6819 8: 15am
50	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 3 9. C	COUNTY OF DEATH	
Pages ith farr State [100		Prince George's	Mo
after death 3. Give Pag alang with with the Sta	10.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize. USUAL give street address) Bowie 12315 Winding Lane	OCCUPATION (Kind of work dane it of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
18. Gire alange alange death.	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN denission) STATE 13b COUNTY George Bowie YES NO	TOO. STREET AND HOMBER	Lane
haurs Item 1 Office I and 2 after d	14. 1	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME Fir		Lost
24 hours in Item 11 r's Office ss land 2 rs after d	1		oan D.	Denney
Id be executed within 24 haurs after death rd "pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office along with farm transit permit. File pages land 2 with the State D yevent within 72 haurs after death.	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Mr. Robert W.		address)
al Es		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Pulmonary Edema & Congestion	(Father)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in iief Medical E ansit permit. F event within		5/7 IMMEDIATE CAUSE (a)		
e ex penc of M sit p	75	OUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave) Canditions, if ony, which gave)	al Pneumonitis	
d b d 'd Chie tran y ev		rise to immediate couse (a), (b)	ar Phedmonitis	
wa wa the		stating the underlying couse DUE TO, OK AS A CONSEQUENCE OF last.		
s certificate si e, writing the forwarded ta used as a bu emaval, and ii		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDI	ITION GIVEN IN PART 1(a)	
This certificate : icate, writing the be forwarded to do be used as a bar remaval, and	z	525X		
	CATIO	19a. Date of operation 19b. Condition for which operation was performed?	The entire	20. AUTOPSY?
be et	CERTIFICATION			YES 🔀 NO 🗌
*=	MEDICAL CE	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	ature of injury in Part I or Part 2, I	tem 1B.)
AM Sur ge ren	W	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
Paceura Paceur		22a. I certify that I taak charge af the remains described abave, held an Autapsy 🔀,	Inspection 🖾, Inquiry 🗵	, and in my apinian
orchor.		death resulted fram: Notytal cayses 🛴 , Appldent 🗌 , Suicide 🗍 , Hamicide 🗌	, Undetermined manner	
please I direct retaine DIRECT ar to t		ACTUAL CHIEF MEDICAL EXAM		
AA SAI		SIGNATUREM.D. ASSISTANT MEDICAL E		SIGNED -24-68
DEPUTY cessary, e funero may be FUNERA		EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city,	SMITTER	-24-00
TO DEPUTY DICAL EX. necessary, please execute the funeral director. Page 5 may be retained for yo TO FUNERAL DIRECTOR: Po Health prior to burial, c.	23 0		3d. LOCATION (City or Town)	(County) (State)
		REMOVA CSPCMV 5/27/68 Mt. Calvary Com.	Wheeling. W	, , , ,
	24.	FUNERAL DIRECTOR Nalley & Funeral ADDRESMIT, Rainier 350. REC'D BY	REGISTRAR 25b. REGISTRAR'S	SIGNATURE
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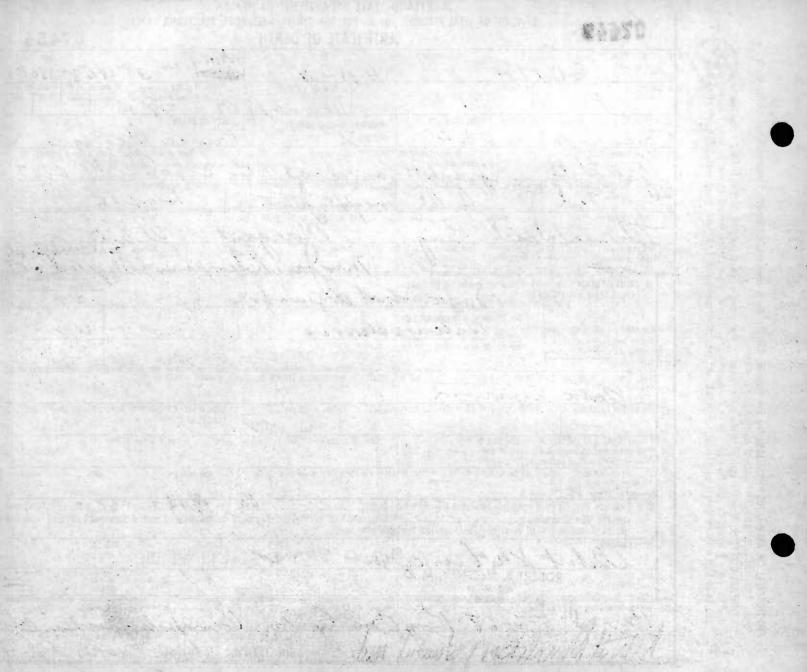
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07454 1. DECEASED-NAME First Middle Lost 2b. HOUR within 24 haurs after death. (Type or print) 3. SEX 4. RACE IF HINDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years lost birthday) papers/Pages hin 72 hours after DAYS HOURS MONTHS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED 9. COUNTY OF DEATH country) .⊑ WIDOWED S DIVORCED [MARYLAN and campletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY burial-transit permit. Then please remove carban burial, cremation, ar remaval, and in any event, with 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 136 CITY OR TOWN 13d. INSIDE CITY LIMITS? requires that the death certificate be executed 13b. COUNTY odmission) STATE YES THE NO 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First First Middle Lost Lost physician a 16b. SOCIAL SEPURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN (If yes give war or dates of service) Yes, no, or unknown) 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) asteriosole rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the hospital ar attending **DEFORMAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190, DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO TO YES -21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 1960 22a. I certify that (I) (this haspital) attended the deceased fram_ saw the deceased alive an____ , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS. ROBERT S. McCENEY, M. D. 22d. PHYSICIAN'S 22e. ADDRESS O FUNERAL NAME (Type) 402 MAIN ST. 23b. DATE 23c. NAME OF CEMELERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION, (County) (Stote) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7455 **HEALTH DEPT** DECEASED-NAME First Middle 2a. DATE KNOWN Manth Year 2b. HOUR (Type or Print) ESTI-Poge 0 DEATH MATED \$ 5-9-42am Hall David delay IF UNDER 24 HRS. 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. 68 19 9: 15am M 1-8-1942 Male White 26 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) W. Virginia Give Pages 1, the Chief Medical Examiner's Office along with form U.S. A. WIDOWED [DIVORCED [Prince George's poges 1 and 2 with the Stat 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ofter death give street address)
Prince George Hospital during mast of warking life, even if retired.) INSUSTRICOL. Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) SIATE Prince George YES NO in Item 18. 5910 Cherrywood Terrace Greenbelt 24 hours Middle 14. FATHER'S NAME First Lost 1S. MOTHER'S MAIDEN NAME First Middle Ralph Hall. Mildred T. Gutshall hours pencil 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS within (Yes no ar unknown) (If yes give war or dates of service) 232 68 3302 Selina E. Hall Same as #13 (wife) File Ę. APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Laceration of brain event Skull fracture DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). This certificate should writing the word ony DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= 4 shauld be forworded to pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 05 removol, used CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🗀 NO ST 10 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY Manth, Doy, Year 3 should MEDICAL HOUR A.M PRIMARY CALOR CONTRIBUTING cremotion, **EXAMINER:** Driver of car involved in collision. -9- 1968 CAUSE OF DEATH 7:40æm 21f. LOCATION Street or R.F.D. No 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, City or Tawn State foctory, office building, etc.)
t. 202 and Barlowe Road, Kentland, Prince George Co, Maryland FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK RT. buriol, 220. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X ond in my opinion Accident X death resulted fram: Natural causes Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5-10-68 DEPUTY MEDICAL EXAMINER 3 5 moy ro FUNE Health **EXAMINER'S** Riverdale, Md. ADDRESS(Street, city, tawn, ar county) NAME (Type) John Kehoe MD 23c. NAME OF CEMETERY OR CREMATORY
Wallace Memorial 23a. BURIAL, CREMATI 23b. DATE 5/13/68 23d. LOCATION (City or Town) (County) BREMPYALIPEC Clintonville West Virginia 24. FUNERAL DIRECTOR **ADDRESS** 1968 VR A15ME (5) Francis Gasch's Sons Hyattsville, Md. 10M REV. 1/68

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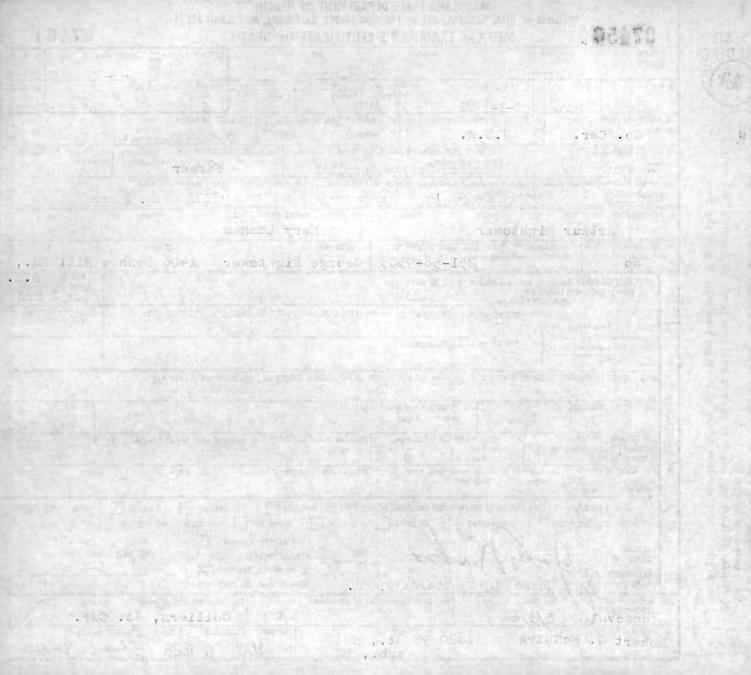
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1	(1)	4)	07454	Division of		CERTIFICATE OF DEATH		1 LAND 21201	9.7	459
	4 24	-AR		First	Middle	Last	20. DATE OF	DEATH		2b. HOUR
	hours after death. n by the funeral s. Riges I and 2		(Type ar print)	Annie	R.	Harrison	May	Month 15	⁹ 1968 ^{ear}	5 A. M
	fur fur ler		3. SEX	4. RACE		5. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	क के क		Female	Negro		8/16/03		last birthday) 6 4 YRS.	MONTHS DAYS	HOURS MIN.
	The long		7o. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WH	IAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF	DEATH		
-			MARYLAND	OR	5.4	WIDOWED XX DIVORCED	Prince	Georges		Md.
	TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ined by the hospital ar ottending physician. OR: After this certificate has been signed by the attending physician and completely filled in by tould be detached for use as the burial-transit permit. Then please remove carbon papers: The state Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 bours.	74	10. CITY OR TOWN OF DEATH	11. NA give s	ME OF HOSPITAL OR INS treet address)	TITUTION (If not in hospital 12a. U.	SUAL OCCUPATION mast af working	(Kind of work dane life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
	wit rbourt, w	11	Cheverly 13o. USUAL RESIDENCE (Where do	Pri	ince Geo.G	en'1 Hospital during	· ·	REET AND NUMBER		
	mple e co	16	admission) STATE Maryland				NO.			
	d co mov	-	14. FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME		2453 Middle		Last
	be e e re	1	MT. FREE	EMAN	WOOD	CHARL	ハナフチ	1	65	
	ote icior leas ond		16a. WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURITY	IO. 17, INFORMANT	,	Address		
	ohys on p		Yes, na, or unknown) (If yes	give war or outes or service)		DATIE GRAT	UF	PER. MI	ARCBOI	ea mo
	ng p The		18. CAUSE OF DEATH (Ent	er only one couse per lin	ne for (o), (b), ond (c).				APPROXII BETWEEN O	MATE INTERVAL INSET AND GEATH
	attending permit. The		PART I. DEATH WAS CO	MEDIATE CAUSE (a)	Conge	him Heat four	l-r			
	he c per jon,		14/29	DUE TO, OR A	S A CONSEQUENCE OF	11 - 110	A.			
	at the nsit mat		Conditions, if any, which g	(0) (0)	Tremel	hi Carllener	allesa	2		
	The law requires the ottending physician. hos been signed by se as the burial-troith prior to burial, cre		stating the underlying co	DUE TO, OR A	S A CONSEQUENCE OF					
	luire Igne uria uria		7 2 34 1	CONDITIONS CONTRIBUT	TING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE C	OR CONDITION GIVE	N IN PART 1(a)		
	ng P		10000	man	al the	a nahare	•	(,,		
	law endii bee s bee	1	19a. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PE	RFDRMED 20a. AUTDPSY?		YES, WERE FINDINGS	CDNSIDERED IN CE	RTIFYING
	IAN: The law re tol ar ottending ficote hos been for use as the fit Heolth prior to to	of	19a. DATE OF OPERATION			YES NO	CAUSES	OF DEATH?		
	AN: of ar cote or u			RLYING 21b. TIME OF HOUR A.M.	INJURY Month Doy Year	21c. HOW INJURY OCCURRED (Er	nter nature af inju	ry in Part 1 ar Part 2,	Item 18.)	
	SICI, spito ertifi ed f		(If either, natify medical ex	cominer) P.M.	19					
	OR ATTENDING PHYSICIAL be retained by the hospital DIRECTOR: After this certificate 3 should be detached for ed with the State Dept. of H.		While Not while	21e. PLACE OF INJURY	OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.D.	Na. City	ar Tawn	Caunty	State
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	oine oine roul th th		causes stated at	pave (did)	(stocook) view the	bady after death.				
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	V by		22d. PHYSICIAN'S	4	1110	22e. ADDRESS	DIRECTOR -	PH15. 2220 P	Tay 13,	1700
	Page 4 may be retoined by the hospitol ar ottending To FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	1	MAME /T \	obert Deitz	M. D.	Prince Ge	eorges G	eneral Hos	pital C	heverly.
	O HOS Page 4 O FUNI directo			23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY		ON (City or Town)		apyl)and
	5 5 5 P.		BEMOVAL Specify	5-18-68	3 MT.	OLIVET	WAS	HINGTO		C.
	VR A15 (4	()	24. FUNERAL DIRECTOR	1239-1	LIANT APORESS	h 7	BY REGISTRAR	2Sb. REGISTRAR		
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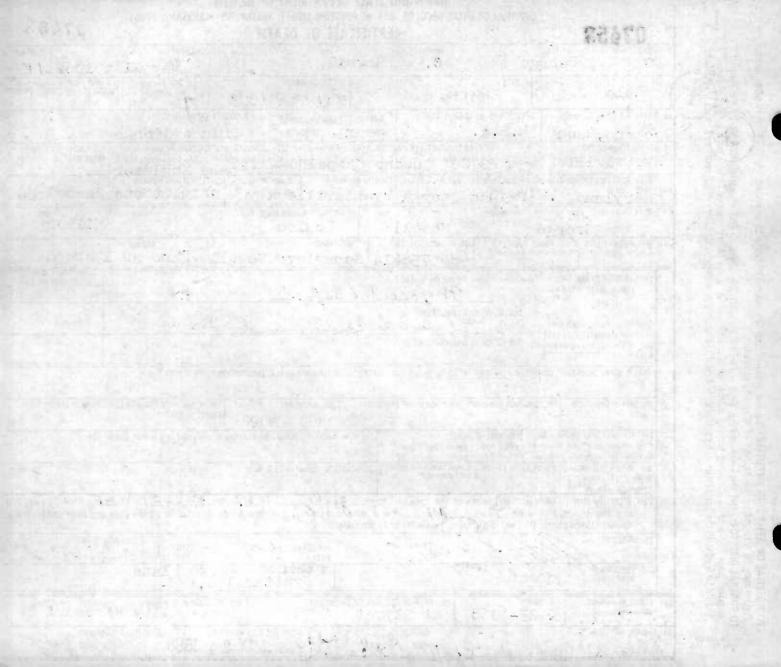
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) ESTI-Page 100pmm Harrison DEATH MATED 19 awrence 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOLINCED DEAD 2d. HOUR 68 197:20pm M Male White 10-29-1903 YRS MARRIED NEVER MARRIED 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH country) WIDOWED [DIVORCED [Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done with 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if resided.) **INDUSTRY** Cheverly Prince George WITH 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3e. STREET AND NUMBER death. the certificate, writing the ward "pending" in pencil in Item 18. (4 shauld be forwarded to the Chief Medical Examiner's Office alo 13b. COUNTY YES NO 3300 Deerfield Road Laure] Jand 2 after 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First bages 6b. SOCIAL SECURITY NO 17. INFORMANT within (Yes, no, or unknown) (If yes give war or dates of service) 7-24219 Ei Ei APPROXIMATE INTERVALE
BETWEEN ONSET AND GEATH within CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease over vears burial-transit Conditions, if ony, which gove rise to immediate cause (a). any certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 remaval, 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T NO 50 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING burial, crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described abave, held an Autopsy , Inspection A Inquiry X and in my opinian Suicide [deoth resulted from: Natural causes X . Accident | Homicide Undetermined manner CHIEF MEDICAL EXAMINER 5 may be reta TO FUNERAL DII Health prior t ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Riverdale, Md. ADDRESS(Street, city, town, or county) NAME (Type) Kehoe 23o. BURIAL CREMATION. 23b. DATE (County) EMOVAL (Specify) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5)

THE PHYSICAL DESIGNATION OF STREET WITH STREET STRE

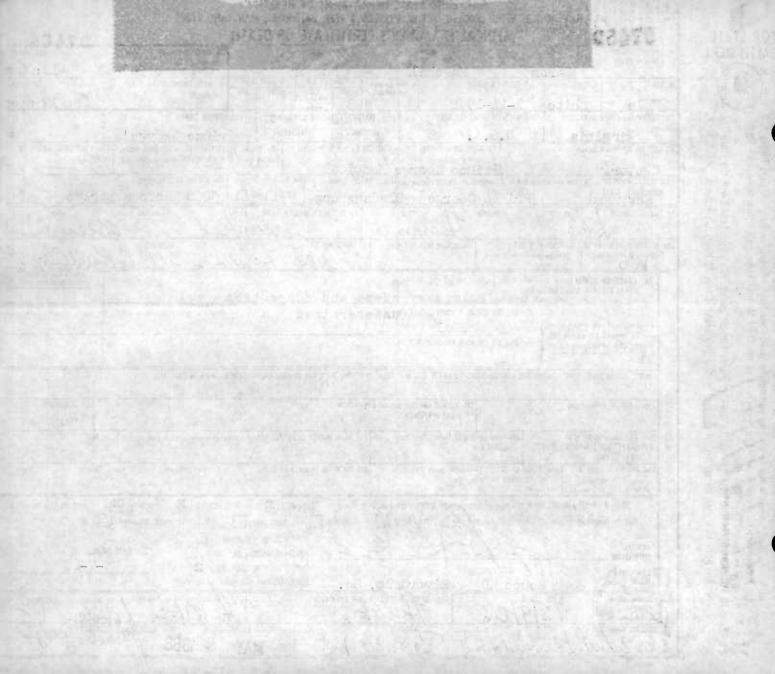
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 746 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a, DATE KNOWN 2b. HOUR Year (Type or Print) ESTI-Poge DEATH MATED Marshall deloy and 3 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR pup Month 19 7 - 28mm M Negro 5-1-1891 Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH the State De form So. Car. U.S.A. WIDOWED [DIVORCED Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR hours after deoth the Chief Medical Exominer's Office along with give street oddress). Prince George Hospital during most of working life, even if retired.) INDUSTRY Cheverly in Item 18. Give with 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER P 135 (OUNTX eorge's 1114 69th. Place Landover YES NO lond 2 ofter 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME Middle Arthur Hightower Mary Lanham hours 17. INFORMANT ADDRESS pencil i 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. within (Yes, no pr unknown) (If yes give war or dates of service) 1406 Boones Hill Rd. 251-58-9503 George Hightower within APPROXIMATE INTERVALE be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY Heart failure over 2 hrs DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease event over6 weeks buriol-transit Conditions, if ony, which gove rise to immediate cause (a) This certificate should writing the word ony DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 or removol, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES T NO X pe should be 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 should HOUR A.M MEDICAL PRIMARY OR CONTRIBUTING cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote WHILE NOT WHILE O factory, affice building, etc.) the funeral director. Page burial, 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection 3. Inquiry X, ond in my opinion Notural couses X. Acident ... Suicide Homicide deoth resulted from: Undetermined monner CHIEF MEDICAL EXAMINER prior 1 ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5-2-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Health Riverdale, Md. ADDRESS(Street, city, town, or county) NAME (Type) Kehoe MD 23g. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify, Removal 5/3/68 Colliers, So. Car. 1820 9th St 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE McGuire St., NW Robert G. VR A15ME (5) DATE 10M REV. 1/68 Wash.



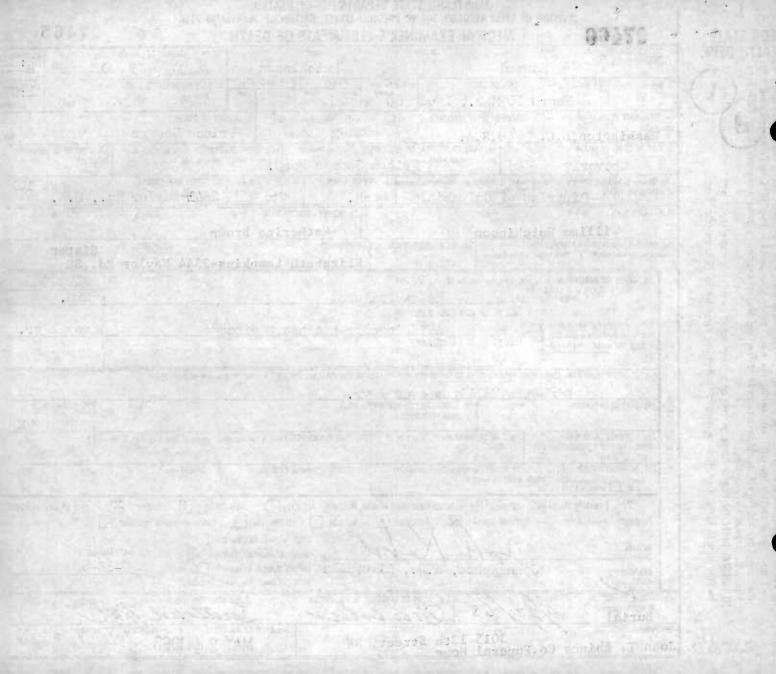
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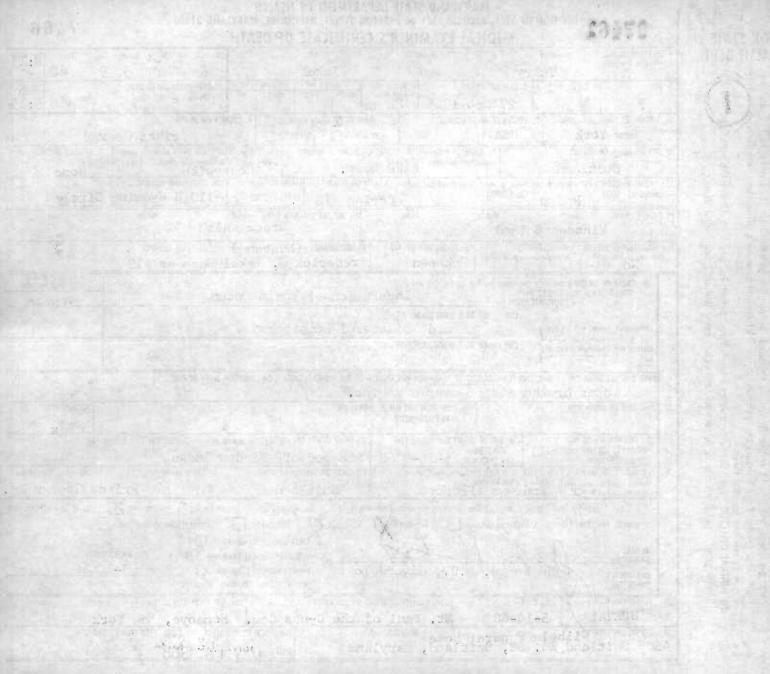


	Jt:	12-68 mt DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	7464
HEALTH DEPT.	1. 0	DECEASED-NAME First Middle Lost 2o. DATE KNOWN Month C (Type or Print)	
S 2 2		Daron Marshall Hummier DEATH MATED \$25-6-6	
deloy	3. \$	last birthday) MONTHS DAYS HOURS MIN. Month Day	Year. 2d. HOUR
D D Z		Male White 1-24-1968 - YRS 3 12 5 6	689 12 noo
form te De		intry)	
	110.	The decige s	2b. KIND OF BUSINESS OR
hours ofter deoth tem 18. Give Poges Office olong with for 1 and 2 with the Stote	V		NDUSTRY
s ofter de 18. Give F olong w with the deoth.	130.	D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
2 w 2 dec		odmission) STATE Prince George Bladensburg YES NO 5000 Emerson S	treet
hours Item 19 Office 1 and 2	14. [FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 in r's rrs	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? Tob. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	newer
nould be executed within 24 word "pending" in pencil in the Chief Medical Examiner's riol-transit permit. File pages nony event within 72 hours		Yespo, or unknown) (If yes give war or dates of service)	LA RICIDA V.
be executed with pending" in pending" in pending Exarisef Medical Exarinst permit. File event within 72			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" in Medical permit.		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema and congestion	BETWEEN ONSET AND DEATH
be executi "pending" ief Medica insit permi	177	5/4X DUE TO, OR AS A CONSEQUENCE Ofundetermined	
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should be e he word "per to the Chief I buriol-transit		lost. (t)	
g the	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
is certific te, writin forward forward e used or removal,	CERTIFICATION	19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his ote, ote for the formula f	RTIFI		YES K NO
INER: This ee certificote should be files. 3 should be notion, or re		21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 10 Port 1 or Port 2, Item PRIMARY OR CONTRIBUTING 10 Port 1 or Port 2, Item Primary OR CONTRIBUTING 10 Port 1 or Port 2, Item Primary OR CONTRIBUTING 10 Port 1 or Port 2, Item Primary OR CONTRIBUTING 10 Port 1 or Port 2, Item Primary OR CONTRIBUTING 10 Port 1 or Port 2, Item Primary OR CONTRIBUTING 10 Port 1 or Port 2, Item Primary OR CONTRIBUTING 10 Port 1 or Port 2, Item Primary OR CONTRIBUTING 10 Port 1 or Port 2 Port 2 Port 2 Port 2 Port 2 Port 3 Por	n 18.)
NER S Cet Shou filles.	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
		WHILE AT WORK AT WORK AT WORK	coomy
DEPUTY DICAL EXAM ressory, pleose execute the e funeral director. Poge 4 moy be retoined for your FUNERAL DIRECTOR: Page solth prior to burial, crem		22a. I certify that I taak charge of the remains described above, held an Autopsy 🗷, Inspection 🔼 Inquiry 🔀,	, and in my opinia
ICAL ES e executor. Poged for CTOR: Purial,		deoth resulted from: Notural causes Accident , Suicide , Hamicide . Undetermined manner	_
director.		CHIEF MEDICAL EXAMINER	
2 5 3 5		ACTUAL SIGNATURE	
EPUTY ISSORY, funeral oy be INNERAL Ith prii	5	EXAMINER'S	5-7-68
o DEPUTY necessory, the funero 5 moy be O FUNERA Health pr	- 00	NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
00 10 10 10 10 10 10 10 10 10 10 10 10 1	230	o Burial, CREMATION, 23b. DATE 23c. NAME OF CEMETRY OR CREMATORY 23d (OCATION (City or Town) (C) BREMOVAL (Specify) 5968	(County) (State)
	34	FUNERAL DIRECTOR 250. REGISTRAR 250.	GNATURE O
VR A15ME (5) 10M REV. 1/68	14	Son Wheelest Ferneral Home Ko Churtle MC DATE MAY 9 1968 Julia	res Just
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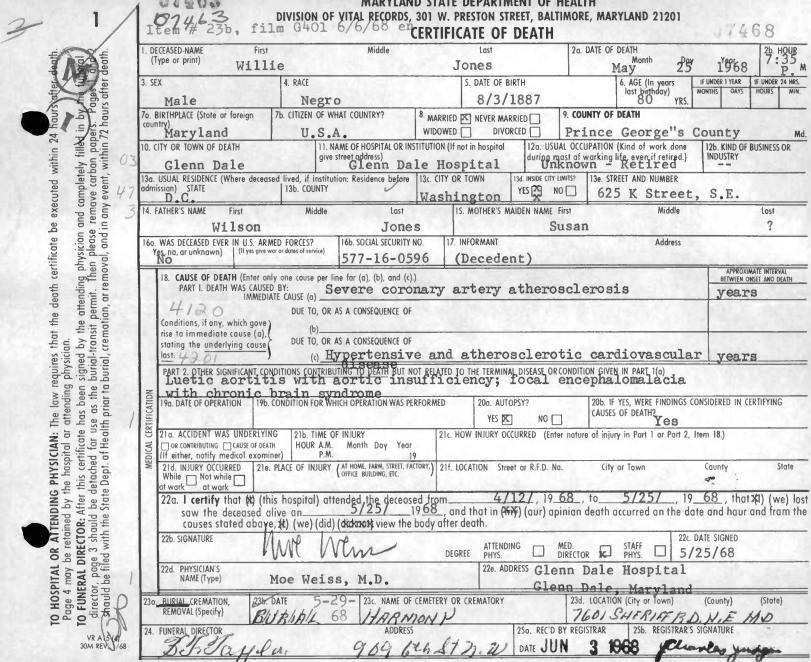
	1		PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	~		R'S CERTIFICATE OF DEATH	07465
HEALTH DEPT.		DECEASED-NAME First Middle	Lost 20. DATE KNOWN	
age oge	3. 5	Edward EX	MUCCHINSON DEATH MATED	5 18 68 £ 7
y delay is and 3 to a		M Negro 10 Mar., 1908 6	E (In years buthday) MONTHS OAYS HOURS MIN. 2c. DATE PRONOUNCEE Month 5	DEAD Yeor 68 24 HOUR
11111	7o.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	10	Washington, D.C. U.S.A. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR IN	WIDOWED DIVORCED Prince Geor	
haurs after death Item 18. Give Pages Office along with Tag 1 and 2 with the Stave after death.		Cheverly give street oddress) Pri	nce George Hospiering most of working life, even if	retired.) INDUSTRY
de alea alea Al	0	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE District 3b. COUNTX Columbia		or Rd., S.E. Apt 101
24 haurs in Item 18 's Office 18 Is 1 and 2	14. 1	FATHER'S NAME First Middle Lost	IS. MOTHER'S MAIDEN NAME First Mid	Idle Lost
4 6 8 8 8	1/.	William Hutchinson	Catherine Brown	
d be executed within 24 of "pending" in pencil in Chief Medical Examiner's transit permit. File pages y event" within 72 haurs	()	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dotes of service)	0. 17. INFORMANT ADDRES Elizabeth Lampkins-2544 Nay	lor Rd., SE
of Es		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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ef N ef N sit p		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove		
ould by vord ' he Chi		rise to immediate couse (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	osclerotic heart disease	over l yr.
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NER: Toertifice certifice hould by the standal certifice.	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19		
3 + s e	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street,	21f. LOCATION Street or R.F.D. No. City or Town	County State
DEPUTY DICAL EXAM DESSGRAY, please execute the function of t		AT WORK AT WORK		
ICAL E) e executor. Pag ed far y CTOR: P		22a. I certify that I taok charge of the remoins describe		quiry 🔼 , and in my opinior
please directo retained DIREC		death resulted fram: Natural causes , Accident	77	manner [_]
TY, please retain the retain to priar to		ACTUAL SIGNATURE	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	22b. DATE SIGNED
Sary, be IERA		EXAMINER'S John Kehoe, M.D.,	M.D. Masiawitt Medicae Evaluation	5-18-68
necessary, the funeral 5 may be in FOUNTRAL Health principle.		NAME (Type)	ADDRESS(Street, city, town, or county)	
01 ← ₹ 20 ← V		Burial 5/22/68 Dear	CEMETERY OR CREMATORY 23d tOCATION (City or Town	(County) (Stote)
VR A15ME		FUNERAL DIRECTOR 3015 12th Streeth T. Rhines Co.Funeral Home	250. REC'D BY REGISTRAR 25b. REC'D BY R	GISTRAR'S SIGNATURE GENERALES JUNGSE





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7467 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT DECEASED-NAME Middle 2a. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) ESTI 2, and Page deloy is and 3 to Mabe] DEATH MATED 5-4-68 12amM Jones land 2 with the Stote Department 3. SEX 4. RACE S. DATE OF BIRTH? AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 1885 6819 9:12amm White Female 7o. 8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED ST 9. COUNTY OF DEATH ecute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, Poge 4 should be forwarded to the Chief Medical Examiner's Office olong with form WIDOWED | DIVORCED [New York II.S. A Prince George's pencil in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) give street address)
Prince George Hospital **INDUSTRY** Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER death Prince 517 Warner Landover YES NO ofter 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME First Middle Last Charles Louise Conklin Jones hours poges 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS This certificate should be executed within (Yes, no or unknown) Porter Funeral Home Bloomfield, N. J. File .⊑ within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute cerebral infarction, left DUE TO, OR AS A CONSEQUENCE OF buriof-transit Canditians, if any, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 00 or removol, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🔀 pe 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) WHILE NOT WHILE I 220. I certify that I took charge of the remains described above, held on Autopsy 3, Inspection 3 Inquiry X, ond in my opinion director. deoth resulted fram: Natural causes X Suicide Undetermined monner Acadent Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** may ADDRESS(Street, city, tawn, ar caunty) NAME (Type) Riverdale. Md. John Kehoe MD 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) REMOVAL (Specify) 5/13/68 Greenwood Brooklyn Burial 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE, VR A15ME (5) F. Gasch's Sons Hyattsville, Md. 10M REV. 1/68

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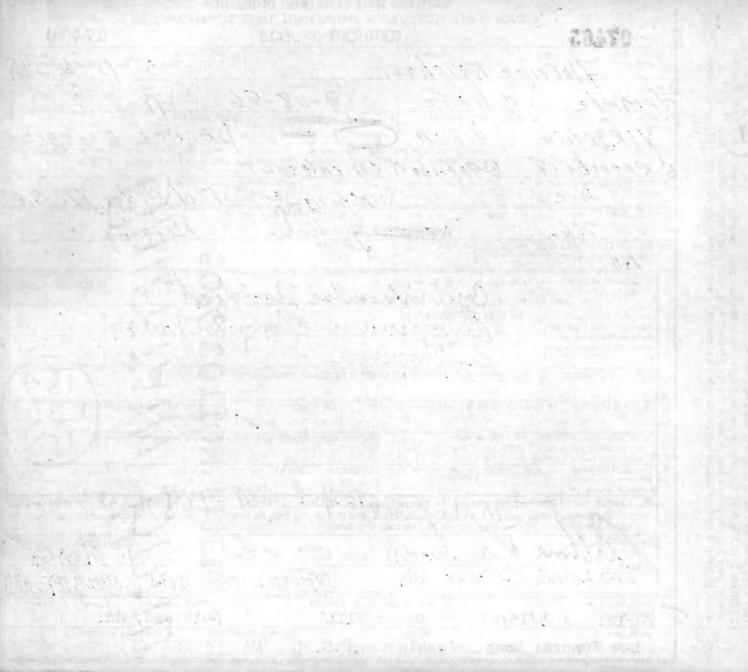
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17469 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT 1. DECEASED-NAME Middle 20. DATE KNOWN Month Yeor (Type or Print) ESTI-Page DEATH MATED \$ 5-14-68 Mathias 193 . DOamM Jacob Kirch 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years JF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR 6819 11:25am 2-22-1902 Male White YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH 8. countryermany USA WIDOWED [7] DIVORCED [7] Prince George's Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital WIT 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR after death give street oddress) during most of working life, even if retired.)
MUSIC Teacher INDUSTRY pages 1 and 2 with the Prince George Hospital Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY rince George Hillcrest Heights YES NO D in Item 18. 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME 4 shauld be forwarded to the Chief Medical Examiner's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no. or unknown) (If yes give war or dates of service) A lma Kirch (Wife) File APPROXIMATE INTERVAL be executed event within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Metastatic carcinoma DUE TO, OR AS A CONSEQUENCE OF Carcinoma of stomach over 8 mo. burial-transit Conditions, if ony, which gove rise to immediate couse (a), certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse E. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🗀 NOK pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 3 shauld burial, crematian, ar PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autapsy , Inspection X Inquiry 3 and in my apinion funeral directar. death resulted fram: Natural capses Suicide . Homicide Accident () Undetermined manner CHIEF MEDICAL EXAMINER TO FUNERAL DIS Health priar t ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5-14-68 DEPUTY MEDICAL EXAMINER 3 **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) Riverdale, Md. John Kehoe MD 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23d. LOCATION (City or Town) (County) (Stote) 5/18/68 Lee's Crematorium Washington, 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Lee Funeral Home Washington, D. VR A15ME (5)

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OF HEALTH

TANDER STATE DEPARTMENT . . Back and All Latt vil and tribers to be a Latter and sail

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07470 DECEASED-NAME Lost 2o. DATE OF DEATH death. after death funeral 1 and (Type or print) Month < burial, cremation, ar remaval, and in any event, within 72 hours after S. DATE OF BIRTH 6. AGE (In years HE UNDER 1 YEAR last birthday) OAYS YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 2 WIDOWED remave carban pd 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INST 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF OSINESS OR during most of working life, even if retired.) e street oddress **INDUSTRY** campletely 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE 13b. COUNTY YES NO IS. MOTHER'S MAIDEN NAME First and 14. FATHER'S NAME First Middle Lost 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (o), AS A CONSEQUENCE OF DUE TO. OR stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19o. DATE OF OPERATION 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO L TO FUNERAL DIRECTOR: After this certificate TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from 16 kg/m, 1968, to 1970 out, 1968, that (I) (we) last saw the deceased olive on 1970 out opinion death occurred on the date and hour and from the 3 shauld causes stated above, (1) (we) (did) (did not) yiew the body ofter death. 22b. SUSNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR 22e. ADDRESS NAME (Type) ARTHU 230. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 5/18/68 Cedar Hill Suitland, Md. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Lee Funeral Home Washington, D.C.



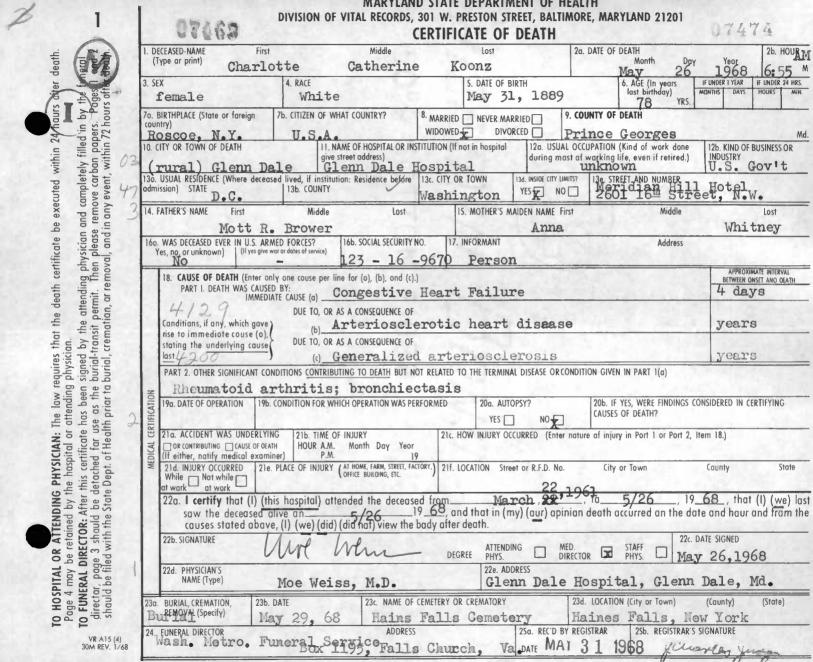
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1747 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH and 2 death. 2b. HOUR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type or print) Manth 31, Day 1968ear 5:30AM Klink. John May s. Pages 1 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS birthday) HOURS Male Caucasian June 15, 1988 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ban papers. within 72 ha .⊑ Pa. U.S.A. Prince George's WIDOWEDXXX DIVORCED filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Prince Geo.Gen'l Hospital during most of working life, even if retired.) INDUSTRY carban campletely Cheverly Retired 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland Prince George's W.Hyattsville VES 5608 30th Ave. 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Last and Middle Last John Klink Margaret Adrian 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Maryland 17. INFORMANT Address Yes, pop or unknown) (If yes give war or dates of service) 151-109-275A Francis Adams - 5608 30th. Ave., Hyattsville 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)(BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 10 DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO Sex detached far use te Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HDME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from-FOR HOSPITAL OR ATTENDING Page 4 may be retained by saw the deceased alive an 31 May 1968, and that in (my) (our) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING , page 3 be filed DEGREE PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 3415 Hamilton St., Hyattsville, Maryland William A. Wimsatt, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Calvary-Allied Cemetery 3June 1968 Astoria, Long Island, N.Y. ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR VR A15 (4) 30M REV, 1/68 DATE JUN Marley 1968 F. Gasch & Sons, Hyattsville, Maryland

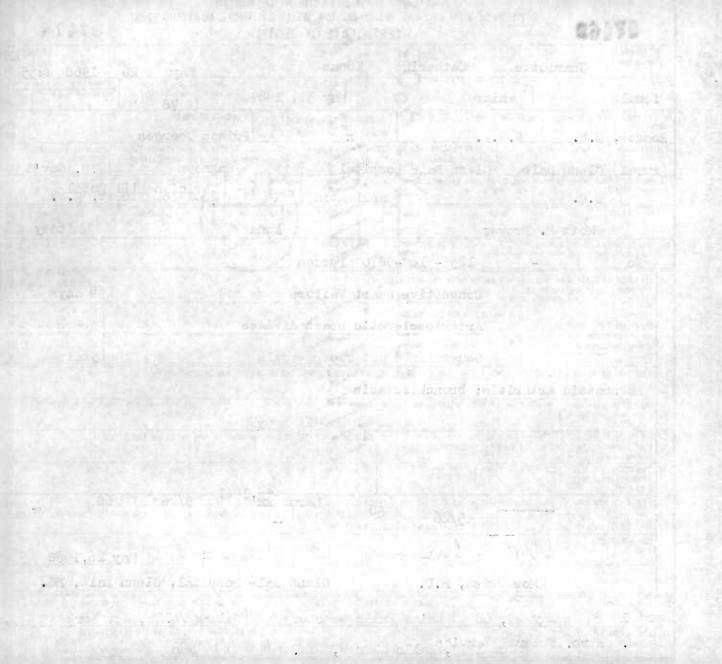
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MARILAND STATE DEPARTMENT OF REALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37473 CERTIFICATE OF DEATH 2b. HOUR Middle 2o. DATE OF DEATH DECEASED-NAME First Lost (Type or print) Clarence May 12 1968 Wavne Knotts 4. RACE after 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) DAYS MONTHS AUG. 19. 1921 Male White 46 YRS hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED WASHINGTON, D. C. WIDOWED [DIVORCED TY Prince George's requires that the death certificate be executed within 24 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress)
Prince George Hoptial during most of working life, even if retired.) **INDUSTRY** and in ony event, wit Cheverly Police completely Policeman 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO NO SUITLAND 5018-SILVER HILL CT. 14. FATHER'S NAME Middle First Middle Lost 1S. MOTHER'S MAIDEN NAME First Lost KNOTTS CLARENCE KNOTTS MARY ETHEL 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address res, no, or unknown) (If yes give war or dates of service) burial, cremation, or removal, MRS. ARDITH KNOTTS-111 N. RIPLEY ST. ALEX. 219-035747 WW2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (4.) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) far use as the b f Heolth prior to b 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATHS YES [NO r this certificote h detached far use ite Dept. of Heolth 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) Stote Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while of work TENDING TO FUNERAL DIRECTOR: After 220. I certify that (1) (this haspital) attended the deceased from 3 - / - , 1968, to 5 sow the deceased alive an 5-1/- 1968, and that in (my) (our) apinian death accurred on the date and hour and fram the director, page 3 should should be filed with the couses stoted abave. (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING M DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION (County) CEDAR HILL CEMETERY MARYLAND 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 30M REV. 1300 N. STREET, N.W. DATE

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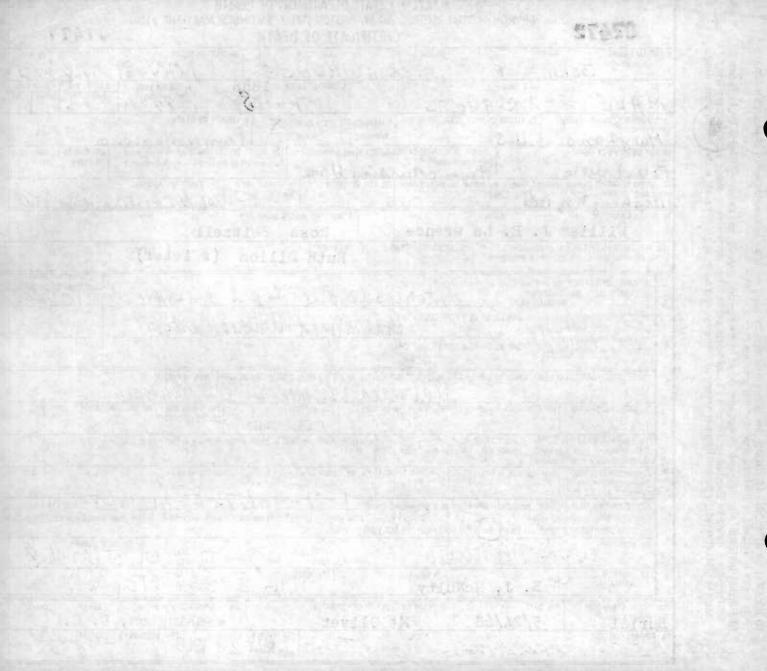


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY a. STATE Mary land b. COUNTY Montgomery Prince George MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Hvattsville Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS bon papers within 72 e. IS RESIDENCE ON A FARM? Carroll Manor Nursing Home 4342 Montgomery Ave. YES T NO completely ve carbon p 3. NAME OF DECEASED Middle Month Year 8 Langlois May event, 1 Mellia (Type or print) DEATH 19 6. COLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. NEVER MARRIED any and Aug. 12. Female Caus. WIDOWED SC E 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease during most of working life, even if retired) and COUNTRY? Housewife U.S. Vermont death certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Riley Leon Guyer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 59 Loreskingswood Rd. transit permit. 16. SOCIAL SECURITY NO. 17. INFORMANT Daug. Bethesda. Md. 216-46-2470 No Eva B. Pescarmona 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN rial-transit ONSET AND DEATH Cerebral Embolus PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUF TO Arteriosclerotic Heart Disease 12000000 Conditions, if any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. U.S. this certificate has as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Fractured right hip with Thompson prosthesis NO SE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached for the Dept. of F Fell in hospital and broke hip MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Not While at work Hosp Providence Washington, D.C. reb. 1/1 2/2/1 be retained should 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on May 22 19 68, and the TO FUNERAL DIRECTOR: director, page 3 shoul , and that death occurred at 12:30 19 saw the deceased alive on , from the causes and on the date stated above. 22a. SICNATURE 22h. DATE SIGNED page ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR X May 21, 1968 Page 4 may I M.D. PHYSICIAN'S 22d. director, p Thomas F Collins. M.D. St. N.E. NAME (Type) Washington, D.C. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Mt. Olivet Cemetery 5-27-68 ery | Washington, D. C.
25a. REC'D BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE Burial 24. FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland VR A15 (4) 15M 4-64

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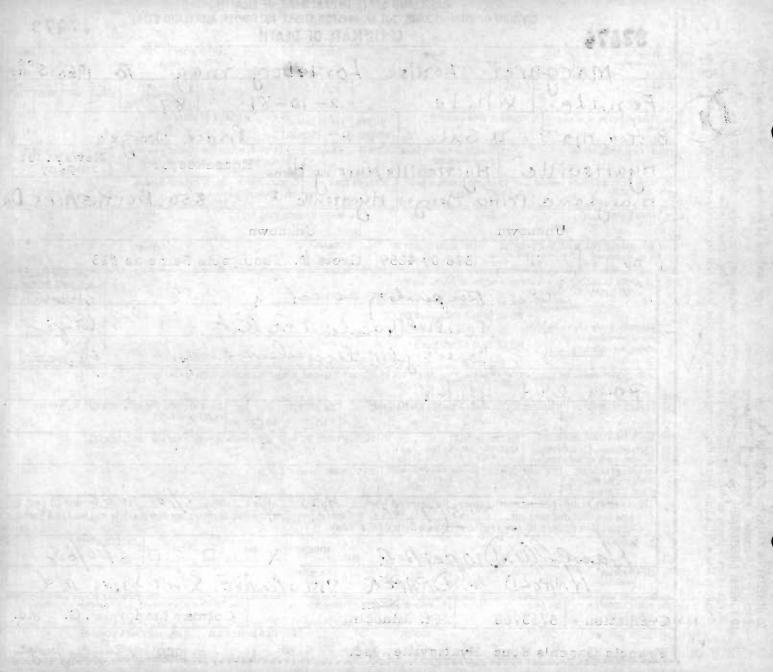
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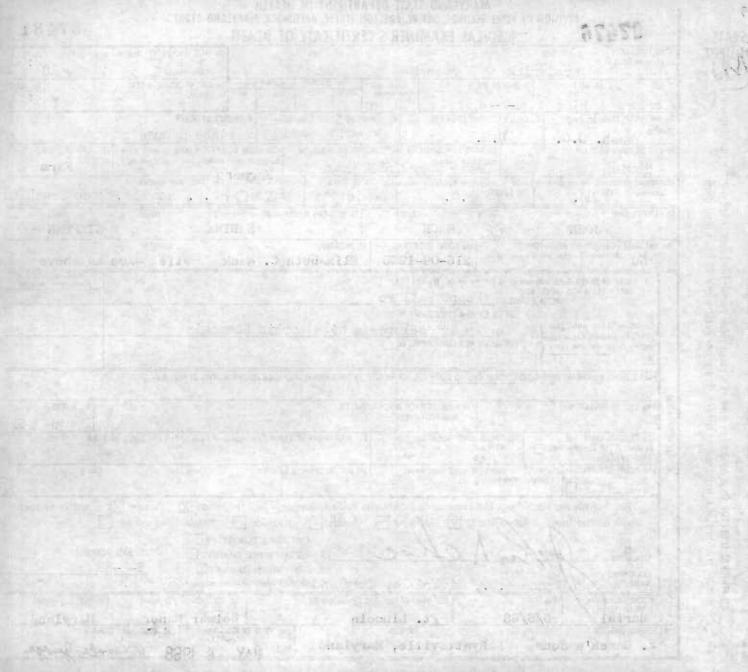
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37479 CERTIFICATE OF DEATH Middle DECEASED-NAME First Lost 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours ofter death. ond 2 deoth. (Type or print) Month 6 ASE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS 10-8 nours (à 7a. BIRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Boston, mas completely filled in WIDOWED DIVORCED dod burial, cremotion, or removal, and in ony event, within 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work doge) give street oddress)
Huattevill Harro MARKERIE CASEL Testined. remove corban Hyattsu! Nursing Company RESIDENCE (Where deceased lived, if institution;) Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER mary 14. FATHER'S NAM Middle MOTHER'S MAIDEN NAME First Middle puo Unknown Unknown physician 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) 578 09 4259 Greta E. Thompson Same as #13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) signed by the buriol-tronsit rise to immediate couse (a). DUE TO, OB AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detoched for use as the should be filed with the State Dept. af Health prior to O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO [be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town Caunty While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased fram-_1968, and that in (my) (aur) apinian death accurred an the date and hour and fram the saw the deceased alive an_ causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATUR 22c. DATE/SIGNED. MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CHARTERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (State) Cremation Colmar Manor P.G. Md. 5/13/68 Ft. Lincoln ADDRESS 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 40 30M REV Francis Gasch's Sons Hyattsville, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 57480 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME 2a. DATE KNOWN Month (Type or Print) ESTI-PM3. Page DEATH MATED TO Reginald 2:35 TMT Benton Lvon 4. RACE 6. AGE (In years 1F UNDER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR pages 1 and 2 with the State Departmen Year 689 1:00pm M 4-16-1898 White 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Office olong with form WIDOWED | DIVORCED [Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) Upper Marlboro 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ofter deoth. YES NO 4th. Street 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME **First** L, MAE LBERRY 16b. SOCIAL SECURITY NO. ADDRESS Same as # be executed within 57709165 and I within APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease over 9 yrs Canditians, if any, which gave rise to immediate couse (o), certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ cremotion, or removal, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES 🗍 NO 🔯 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection [X], Inquiry [X], ond in my opinion Notural Rouses 3 Accident . Suicide | deoth resulted from: Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 1 **EXAMINER'S** ADDRESS(Street, city, town, ar caunty) Riverdale, Md. Kehoe MD 50 BURIAL, CREMATION 23d. LOCATION (City or Town)

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the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alang with farm

necessary, please execute the certificate, writing the word "pending"

5 may be retained far yaur files.

VR A15ME (5) 10M REV. 1/68

DICAL EXAMINER:

TO DEPUTY

This certificate should be executed within 24 hours after death

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State

Health priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

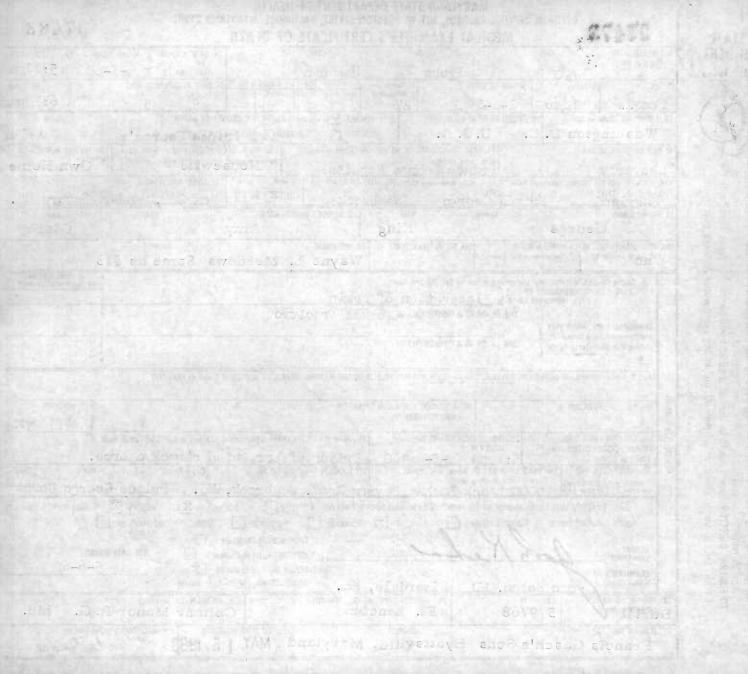
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

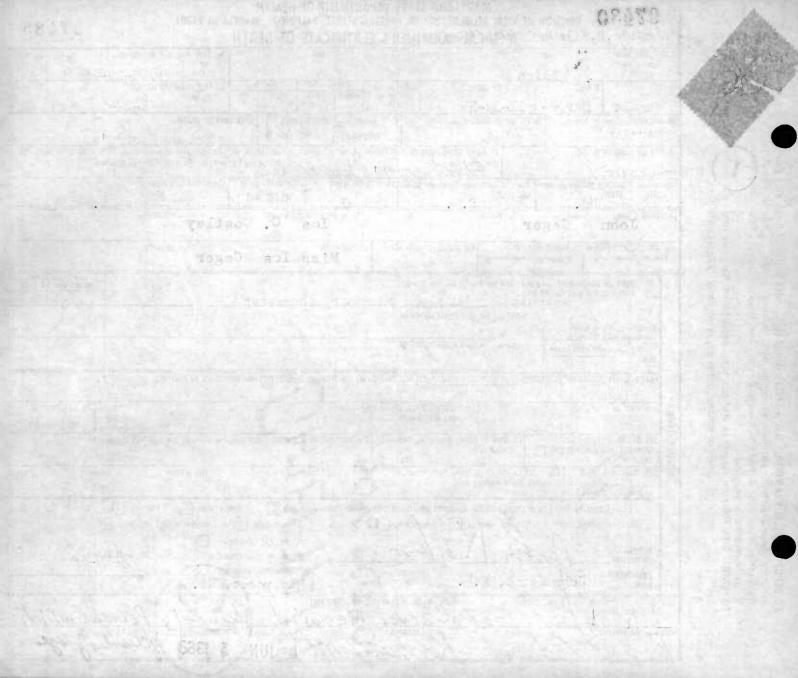
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		ECEASED-NAME	First	- 4017	Middl	е		last	2.4	. 35	20. DATE KNOWN Month	Doy Year	2b. HOUR
1	(Type or Print)	Amv		Irene		Mead	OWS			OF ESTI- DEATH MATED TX 5-5	-68 19	5:10pm
	3. SI	EX	4. RACE	S. DATE OF BIRTI		6. AGE (In years	IF UND	ER I YEAR	IF UNDER	24 HRS.	2c. DATE PRONOUNCED DEAD		2d. HOUR
	F	emale	White	1-4-19	1.7	last birthday)	MONTHS	DAYS	HOURS	MIN.	Mapth Day	68 la	6:10pm
9	_	8IRTHPLACE (Stote		CITIZEN OF WHA			ARRIED 🔀	NEVED MA	DDIED [a con	NTY OF DEATH	00 14	O al TO DIIM
			gton D. C		S. A.		DOWED [RCED				
		ITY OR TOWN OF	_		ME OF HOSPITAL		- Lame-J		-		ince George's	10F KIND OF I	Md.
4		heverly		give str	reet address)						CUPATION (Kind of wark done working life, even if retired.)	12b. KIND OF F	Home
			CE (Where deceosed	lived, if instituti	on: Residence				I. INSIDE CITY L	IMITS?	13e. STREET AND NUMBER		
6	Q	dmission) STATE	r Pr	13b. COUNTY	orge	Seab	rook		YES N	0 🔲	Box 289, Lanha	am Seve	rn Rd.
1		ATHER'S NAME	First	Middle		Last		HER'S MAII	DEN NAME	First	Middle		Last
			George			King			I	Amy			lark
	16a.	WAS DECEASED EV	ER IN U.S. ARMED FO		i6b. SOCIAL SECU	IRITY NO.	17. INFORM		600		ADDRESS	11-11-11-	
Н	- (1	es no ar unknaw	(II yes give wa	or dates of service)			Way	ne L	. Me	ado	ws Same as #	13	
		18. CAUSE OF PART I. D	DEATH (Enter only EATH WAS CAUSED I IMMEDIATE	CAUSE (a) La	acerati	oh of							MATE INTERVAL NSET AND DEATH
8		Canditions if a	ny, which gave)	DUE TO, OR A	S A CONSEQUE	NCE OF SK	ull f	racti	ire			1	
ŝ			iate couse (a),	(b)			100				CHARLES AND		
X)		stating the un	derlying cause	DUE TO, OR A	AS A CONSEQUE	NCE OF						1000	
B		last.	,	(c)		1000			3.00			176	
2		PART 2. OTHER S	SIGNIFICANT CONDITI	ONS CONTRIBUTIN	G TO DEATH BU	T NOT RELATED	TO THE TE	RMINAL D	ISEASE OR C	ONDITIO	N GIVEN IN PART 1(a)		
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	MEDICAL CERTIFICATION	19a. DATE OF O	PERATION	1	9b. CONDITION		PERATION					20. AUTO	PSY?
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	CER	21a. EXTERNAL (IJURY Manth, Do	у, Үеаг	21c. HOW	NJURY OC	CURRED (En	ter natu	re of injury in Part 1 or Part 2, Ite	em 1B.)	
	R	CAUSE OF DEAT	R CONTRIBUTING	HOUR A.M.		1968	Driv	er o	f car	whi	ich struck a tr	ee.	
	MED	21d. INJURY OCC	URRED 21e. PL	CE OF INJURY (At	hame, farm, st				or R.F.D. No.		City or Town	County	State
2	2	WHILE NO	focto	ry, affice building,	etc.)	m Carro	m Do	50	Soahn	201	Md. Prince	Teorge	County
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			certify that I tac								pectian 🔀 , Inquiry 🔀		my apinian
7.	-	death re	sulted fram:	Natural cause	S AC	cident [X],	Suicide	• [],	Hamicid	e 🔲,	Undetermined manner		
9		ACTUAL	1	1/ K		,		CHIE	F MEDICAL	EXAMINE			
		SIGNATURE	Work	7/12	por			n.D.			MINER 22b. DATE :		4
		EXAMINER'S	1	- 27			15 15		JTY MEDICA			5-6-68	5
		NAME (Type)	John Ke			rdale,			RESS(Street,	city, ta	wn, ar caunty)		
		BURIAL, CREMA REMOVAL (Special UTTAL)		ATE / 68		ME OF CEMETER Linc		IATORY		23d.	LOCATION (City or Town) olmar Manor I	(County) P. G.	Md.
1	24.	FUNERAL DIRECT		Portion.		ADDRESS		N. 1	2Sa. REC'E	BY REC			
3		Franci	s Gasch	s Sons	Hyatts	ville,	Mar	ylan	DATE MA	4Y 1	5 1968 yella	rles Ju	ye.



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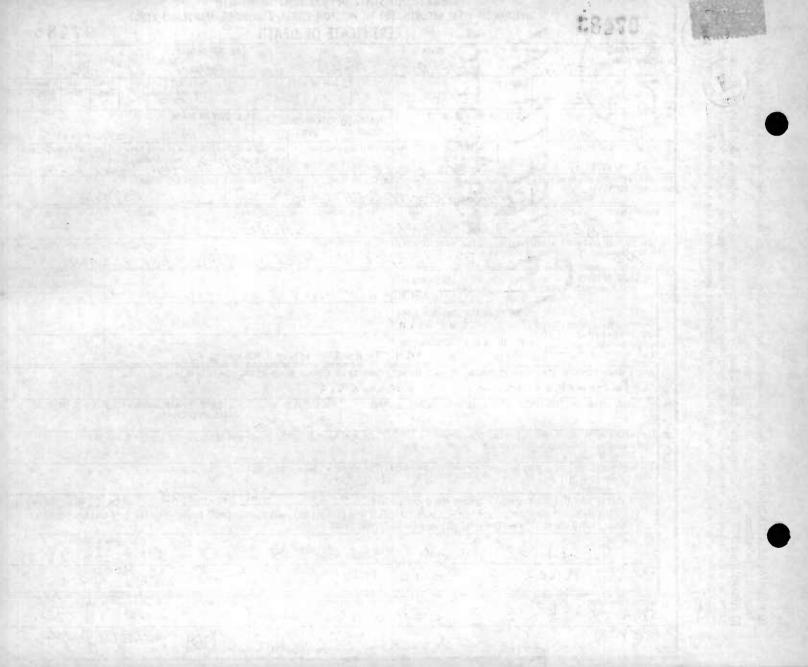
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	CEASED-NAME Type or print) E1	First Wood	State.	Middle D		lost Moyer		2a. DATE OF		2 Day	1968	26. HOUR M. 41.50A
3. 58	x Male		4. RACE White			S. DATE OF BIR 10/10/			6. AGE (In years	IF.		IF UNDER 24 HRS. HOURS MIN
W	BIRTHPLACE (State or formatry) est Virgin ITY OR TOWN OF DEAT	nia	b. CITIZEN OF W		WIDOWED	NEVER MARR	ED 7.		DEATH e George	e's (
Ri	verdale, l	Md.		AME OF HOSPITAL OR Street address Land Memo			during most	odwarking odian	(Kind af wark d life, even if retir	ed.)	12b. KIND OF B INDUSTRY	
	USUAL RESIDENCE (Whissian) STATE	nere deceased	lived, if institution 13b. COUNTY Prince	tian: Residence befar e George!	e 13c. CITY C		YES NO		REET AND NUMBE		e St.	
		irst	Middle	Last		IS. MOTHER'S MAI	DEN NAME First		Midd	lle	-	Last
_	WAS DECEASED EVER	IN IIS ARMFI	W FORCES?	Moyer 16b. SOCIAL SECURIT	Y NO. 117	Dorcas		7.	709 C XIII	ss S	treet	oper
Y	es, na, ar unknawn)	(If yes give war	or dates of service)	206-03-7	2/0	ora O.	Turnes	т.	anham,			
	18. CAUSE OF DEATH	H (Enter anly	ane cause per l			Ora C.	Turney			-12	APPROXIM	ATE INTERVAL SET AND DEATH
	PART I. DEATH V	WAS CAUSED I	BY:	Pulm		W ZI	whole	40			AEM ON	Munds
	4510)		AS A CONSEQUENCE C		1 -		A				1
	Canditians, if any, w	hich gave)	(b)	2.8	mbros	is un	dueli-	Ug.	LENS		Surva	days.
	rise to immediate c stating the underlyi		DUE TO, OR	AS A CONSEQUENCE C)F							
	last.)	(c)									
	PART 2. OTHER SIGNI	FICANT COND	ITIONS CONTRIBI	JTING TO DEATH BUT	NOT RELATED	TO THE TERMINAL	DISEASE OR CON	IDITION GIVE	N IN PART 1(a)			
NO	19a. DATE OF OPERATION	ON TOP CO	MDITION FOR WA	HICH OPERATION WAS	DEDENDMEN	20a. AUTOP	cva	2014 110	YES, WERE FINDII	NGS CONE	IDEDED IN CEL	TIEVING
CERTIFICATION	5/20 68			DHOLEON		YES YES	NO 🗀		OF DEATH?	103 (0113	IDENTO IN CE	THE PINO
	21a. ACCIDENT WAS		21b. TIME C			HOW INJURY OCCU		ature of iniu	ry in Part 1 ar Pa	ort 2. Item	n 18.)	
MEDICAL	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M.		or		(21114) (11		,	_,		
WED	(If either, natify med 21d. INJURY OCCURR While Nat while	EO 210 DI		(AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	19 FACTORY.) 21f.	LOCATION Street	ar R.F.O. Na.	City	ar Tawn	(Caunty	State
	at wark at wark	_				1	10 77	,	1	1	0	
	22a. I certify the	at (I) (this ceased aliv	haspital) att	ended the deced	sed from_	nd that in (my	, 19_ 	an death	ccurred on th	, 19_ U ne date	ond hour o	(I) (we) last
	causes state	ed abave,	(I) (we) (did)	(defeat) view th	e bady after	death.	, (==:/ ap.iiii			3 4410		
	22b. SIGNATURE		1	20	4.0	ATTENDING	G MED		STAFF PHYS.	22c. DAT	E SIGNED	.0
	204 DENGICIANS	MVM	MM	100	DEC	GREE PHYS. 22e. ADDR	U OIRE	CTOR L	PHYS.	5 -	27	08
	22d. PHYSICIAN'S NAME (Type)					ZZe. AUUK						
23g	BURIAL, CREMATION,	23b. DA	TE	23c. NAME C	OF CEMETERY O	R CREMATORY	12	23d. LOCATIO	ON (City or Town)	((Caunty)	(State)
Bı	REMOVAL (Specify)		29/68		Lincol				ar Man	or 1	P.G.	Md.
24.	FUNERAL DIRECTOR			ADDRE	SS		2Sa. REC'D BY		19 25h, REGIST	RAP'S SIG	NATURE (edgle
	Francis G	rasch'	s Sons	Hyattsvi	lle, M	d.	DATE WITH	OT	1900		1	0

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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37488 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. (Type or print) 4. RACE 3 SFX S. DATE OF BIRTH IF UNDER I YEAR IF LINDER 24 HRS last birthday) 5-12-9. YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED (NEVER MARRIED) WIDOWED [DIVORCED | rINCE 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Cheversi TOOG + DIE MAKER US.GOV PrINCE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 138. CITY OR TOWN 13e. STREET AND NUMBER YES IN NO 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First SADIE physician (160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address /ARLIES COUNTY 17. INFORMANT Yes, no or daknown) (If yes give war or dates of service) removal, FRANCES M NEAL COBR ISLAND MO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) RETWEEN ONSET AND DEATH MYOCARDIAL INFARCTION a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ; ANEMIA burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause URINARY TRACT HEMORRHAGE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) EDEMA, Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been PULMON ARLY PHEUMONIA be detached far use as the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO 🛂 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work 220. I certify that (I) (this hospital) attended the deceosed fram _______, 19 6 _____, to _______, 19 6 _____, 19 6 _____, that (I) (we) lost care the deceased alive an _______, 25 6 _____, 19 _____, and that in (my) (our) opinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MODEGREE DIRECTOR 22e. ADDRESS 68 72 RIVERDALE ROAD 22d. PHYSICIAN'S BOND OLIVER NAME (Type) MARYCAND LANHAM director, 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (State) (County) BEMOVAL (Specify) SUITLIAND 2Sa. REC'D BY REGISTRAR VR AT5 (4) 30M REV. 1/68



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	07484	DIVISION OF VITAL RECORDS	CERTIFICATE (UKE, MAKYLAND 21		489
1.	DECEASED-NAME F	irst Middle	Lost		20. DATE OF DEATH	71	2b. HOUR
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			The state of the s		lost birthdo	YRS. MONTHS DAYS	HOURS MIN.
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(0)	r. Geo. Md.	75. CHIZEN OF WHAT COUNTY!	8. MARRIED NEVER	NARRIED // V			
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN			PrinceGeor	ges	BUSINESS OR
		give street oddress)		during most	of working life, even if r		DOJINEJJ OK
130	Cheverly USUAL RESIDENCE (Where de	Prince -eorg	es Gen. Ho:	SD 13d. INSIDE CITY LIMITS	? 13e. STREET AND NUM	MRED	-
odr	nission) STATE	13b. COUNTY		YES NO	1	TIDER	
14	FATHER'S NAME First	Middle Last	Chelten	'S MAIDEN NAME First	Box 94	Aiddle /	Lost
	nilitliam F	toness Name	n F1:	hoth	The f	rantar	2001
16	o, WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SECURITY	NO. 17. INFORMAN	1 1	ACI CO ACI	ddress	
	Yes, no, or unknown) (If yes	give war ar dates of service)	bhoul	m. Nouma	12 1	acoine, 71	nd.
-	18 CAUSE OF DEATH (Ente	r only one couse per line for (o), (b), ond (c	1-00 70	111 1 1100011100	- I S I I I I I I I I I I I I I I I I I	APPROX	IMATE INTERVAL
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	Conditions, if ony, which go	ve) Severe sten		narv arteri	insclerosis	with early	
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	22a. I certify that (1)	(this haspital) attended the deceased olive an May 9	sed from May	8, 19 68	, to May 9	, 19 <u>_68</u> , tha	t xxx (we) last
	sow the deceose	d olive an May 9.	19 68 , and that in	n (🎢) (our) opinio	on deoth occurred on	the dote ond hour	ond from the
		ove, (we) (did) (dia 100 view the	body after deoth.			199. DATE CIONES	N 10
	22b. SIGNATURE	6010	A DECREE ATT	ENDING MED.	CTOR STAFF	22c. DATE SIGNED	1060
	22d. PHYSICIAN'S	un flerder	DEGREE PHY	. ADDRESS DIREC	CTOR PHYS.	May 9,	1300
	NAME (Type)				ges General	Hospital.	Cheverly
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23	REMOVAL (Specify)	100	rect Ceme	/	Minten De	Geo's M	1.
24	FUNERAL DIRECTOR	RAI BOY 134 ADDRES		250. REC'D BY R		GISTRAR'S SIGNATURE	
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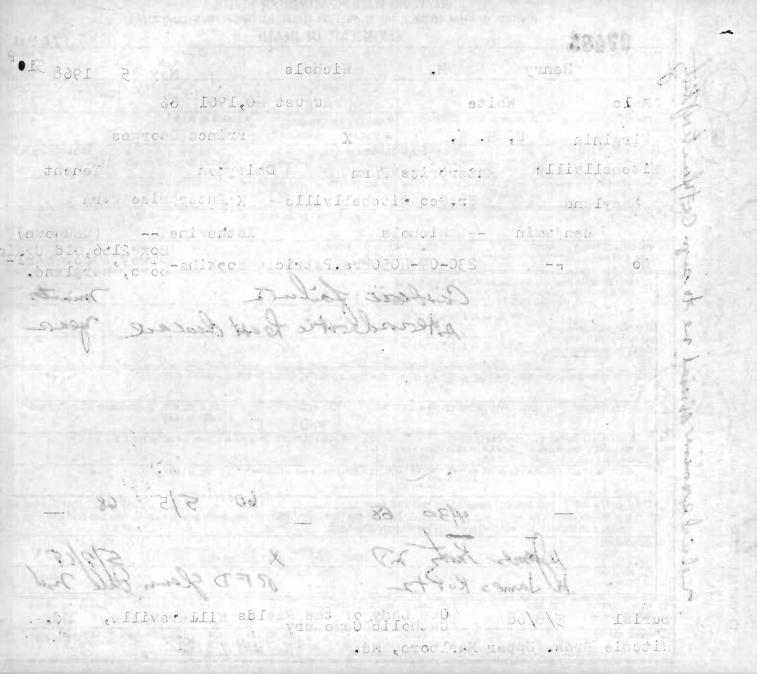
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Bott , C ver As Prince Georges Sanceral semplest. Casverly Edelin J. Janean, L. H. H.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH . DECEASED-NAME Inst Middle 2b. HOURTO 2g. DATE OF DEATH death. (Type or print) Month Henry Nichels M. Mav Y X 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) SHTINOM DAYS Male White 20.1901 August 24 haurs o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Prince Georges U. S. A. WIDOWED Y DIVORCED Virginia 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR within give street address) during most of working life, even if retired.)
Dairyman Tenent Mitchellville and campletely remove carbar Enterprise Farm 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER certificate be executed admission) STATE 13b. COUNTY YES [NO T Pr.Geo Mitchellvil Enterprise Farm Maryland and in any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Benjamin Nichols Katherine Unknown -160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Old Cra Yes pa ar unknown) crematian, ar remaval, 230-09-4050Mrs.Patricia Hopkinspper 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) The law requires that the death PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave burial-transit rise ta immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING as CAUSES OF DEATH? YES 🗍 NO I Health p O HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital or certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) State Dept. of P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote While Nat while at wark at wark L director, page 3 shauld shauld be filed with the FUNERAL DIRECTOR: 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY UT Lady of the 23a. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (State) Fields Millersville, BurEMOVAT Specify) 5/8/68 Md. 1968 REGISTRARY SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Ritchie Bros. Upper Marlboro, Md. 30M REV



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07492 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. I. DECEASED-NAME Middle 20. DATE KNOWN Month Yeor 2b. HOUR delay 1, nd 3 to Page (Type or Print) ESTI-DEATH MATED 19 9 : 00amM Ear OlBrien Joseph 3. SEX 4. RACE 6. AGE (In years last birthday) IF LINDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d HOUR S. DATE OF BIRTH Year 19 8: 30 mm M partm White 2-15-1922 Male 46 YRS. 7o. BIRTHPLACE (Store or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH countrilash. D.C. **IJSA** WIDOWED | DIVORCED TO Prince George's Pages 120. USUAL OCCUPATION (Kind of work done ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR after death POUST County give street oddress) during most of warking life, even if retired.) Give Prince George Hospital Cheverly the Chief Medical Examiner's Office alana, 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. Jand 2 with George's Camp Springs YES NO 5413 Manchester Drive after Lost 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME First First Middle Peter F. O'Brien Margaret E. Speiden .⊑ ADDREGamp Springs, Md. 17. INFORMANT (Brother) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil be executed within (Yey, Appprunknown) Eugene R. O'Brien, 4913 Brentley Rd. 1943-46 577242323 APPROXIMATE INTERVA event within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH "pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Coronary atteriosclerotic heart burial-transit Conditions, if ony, which gove disease unknown rise to immediate couse (a). certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .5 farwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION remova 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? 19o. DATE OF OPERATION WAS PERFORMED? please execute the certificate, YEST NO T pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy 🔀, Inspection [3] Inquiry X, and in my apinian death resulted fram: Natural causes X, Accident , Undetermined manner Suicide . Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5-20-68 DEPUTY MEDICAL EXAMINER 5 m. TO FUN. Health **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) Kehoe MD Riverdale, Md. John 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) BURIAL (Specify) Washington National Cem. Suitland, Maryland 5-22-68 24. FUNERAL DIRECTORWilhelm Funeral Home 250. REC'D BY REGISTRAR 256 REGISTRAS SIGNATURE 4308 Suitland Rd. SE, Suitland, Maryland VR A15ME 10M REV. 1168

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equires that the death certificate be executed within 24 hours physician. signed by the ottending physicion and completely filled in by the burial-transit permit. Then please remove carbon papers. Pogburial, cremation, or remaval, and in any event, within 72 hayrs	16a	WAS DECEASED EVER IN U.S. AR (es, no, or unknown) (II yes give	war or dates of service)	100	NFORMANT		Address	
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R: A culd		causes stated abov	alive an May 4, ve, (I) xxxe) (did) (xxxxxx) view	the bady after o	d that in (my) KNAIS K (death.	apinian death accurred o	in the date and hav	r and fram the
Sho with		22b SIGNATURE	05	MD			22c. DATE SIGNED	
OR DIRE		Deylamin	S. Miller	DEGR	11113.	MED. STAFF DIRECTOR PHYS.	May 5	68
TAL Moy AL pag pe fij		22d. PHYSICIAN'S NAME (Type) Be	njamin S. Miller	M D	22e. ADDRESS	St., Mt. Rai	inton Monri	land
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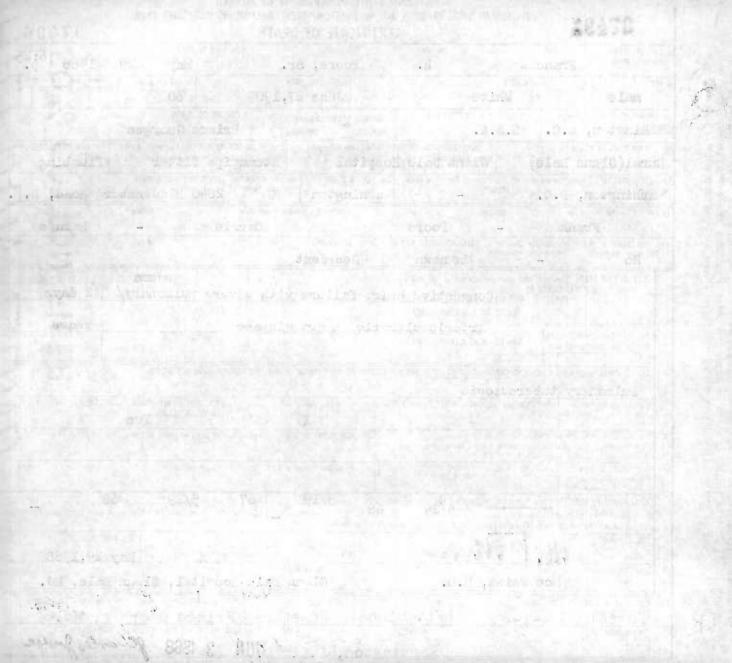
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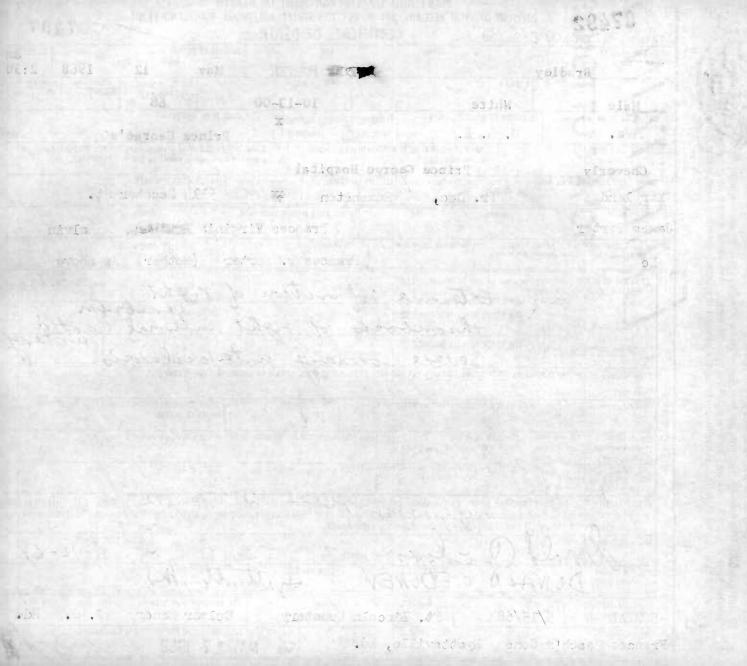
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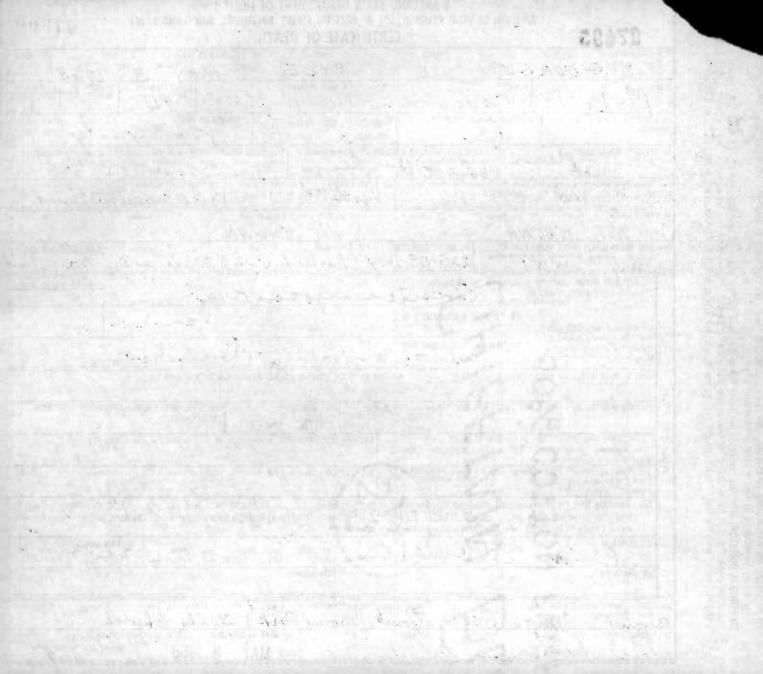
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MAKILAND STATE DEPAKTMENT OF REALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 17499 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 hours after death (Type or print) Mamie Month 1968 Punch : 15A M 4. RACE 6. AGE (In years last birthdoy) IF LINDER I YEAR 3. SFX S. DATE OF BIRTH DAYS HOURS 1/4/1924 Famale Negro by the ottending physicion ond completely filled in by the tronsit permit. Then please remove carbon papers. Pagare cremation, or remaval, ond in ony event, within 72 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED N. C. WIDOWED [DIVORCED | Prince Georges USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Give street address) during mast at working life, even if retired.) INDUSTRY un known Glenn Dale Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 3e. STRFFT AND NUMBER admissian) STATE 13b. COUNTY YES 😿 1704 Seaton Pl., N. W. NO T Wash. D.C. 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle unknown -unknown 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war or dates of service) Yes no arunknown) Decedent unknown APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Recurrent cerebrovascular accident days DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion.

O FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying cause 1965 (1) Intracerebral hemorrhage, evacuated surgically, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the k Health priar to b Pulmonary tuberculosis; urinary tract infection 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🗌 NOXX 3 should be detoched for use with the State Dept. of Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while at wark 22a. I certify that (4) (this haspital) attended the deceased fram 4/17/, 19.68, ta 5/9/, 19.68, that (t) (we) last saw the deceased jalive an 5/9/ 19.68, and that in (xxx) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an 5/9/ 1968, and that causes stated above, (%) (we) (did) (&33351) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** 5/9/68 director, page 3 should be filed DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Glenn Bale, Hospital NAME (Type) Moe Weiss M. D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (Caunty) (State) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 30M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.7509 CERTIFICATE OF DEATH ers. Pages 1 and 2 Znours after death. DECEASED-NAME Middle Lost First 2a. DATE OF DEATH 2b. HOUR (Type ar print) FORGE PYLE Year 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 24 hours ofter last birthday) OAYS HOURS Caucasion YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) 6 WIDOWED DIVORCED the attending physician and campletely filled sit permit. Then please remave carbon pare 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give.street oddress) during mast of warking life, even if retired.) INDUSTRY and in any event, 130. USUAL RESIDENCE (Where deseased lived, if institution: Residence before 13c. LITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY NO T 305 Verona Drive 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First KNOVYN NOWN NOT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na. or unknown) 225-05-1474 Pharle burial, crematian, ar remaval, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Canditians, if ony, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the haspital ar attending lfter this certificate has been be detached far use as the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO | FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town Caunty State While Nat while at work director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23g. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Menorial Park 9 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1968 30M REV. 1/68 DATE MAY



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17503 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN X Month 2b. HOUR. (Type or Print) ESTIab. 1 Herman DEATH MATED Racusin 4. RACE 6. AGE (in years IF UNDER 24 HRS 3. SEX S DATE OF BIRTH DATE PRONDUNCED DEAD 2d. HOUR Dov white Yeor male 10-31-04 Vo. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH pages 1 and 2 with the State De WIDOWED X DIVORCED [Prince George's TIMORE. in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR SALESMAN give street oddress) during most of working life, even if retired.)

DRUG CITY Laurel alang v 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY 41 B Street YES NO Laurel after 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle COHEN RACUSIN EMMA FRANK hours pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) MR. ALLEN RACUSIN, 1502 NICHOLAY WAY ESSEX File NO = within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Heart Failure minutes DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove (b) Arteriosclerotic Heart Disease rise to immediate couse (o). shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) removal, used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? ficate, 1 YES [NO X pe 4 shauld be OL 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 3 should 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK FUNERAL DIRECTOR: 220. I certify that I took charge of the remains described obove, held an Autopsy ... Inspection X Inquiry X ond in my opinion deoth resulted from: Natural causes XX Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 m TO FUN Health DEPUTY MEDICAL EXAMINER **EXAMINER'S** Kehoe M.D., Riverdale, Md. NAME (Type) ADDRESS(Street, city, town, or county) 230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 5-6-68 CHOFETZ CHAIM ROSEDALE 24. FUNERAL DIRECTOR 250. RECIDABLY REGISTRAR 19686. RECEDER'S SIGNALLY VR A15ME (5) SOL LEVINSON & BROS. 6010 REISTERSTOWN ROAD DATE 10M REV. 1/68

THE DESIGNATION WAISHOT, 1981, WIRDAR COMA, THE STATE The same of the second of the THE RESIDENCE OF THE PARTY OF THE PARTY OF THE PARTY. HEALT TO WOOD TO SEE THE SEE T MAGE PROTESTALISM GROWN . SERVER SERVED IN A DE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 07502 DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR First ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. (Type ar print) Month 1968 6.18PM mer May 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) DAYS MONTHS HOURS White 1904 Female 1 April YRS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED country) .⊆ U.S. RGINICL WIDOWED [DIVORCED [Prince Georges filled event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR campletely fi nave carban give street address) during mast af warking life, even if retired.) INDUSTRY Chevelry Prince Georges Gen. Hosp. Laundry 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY District Heint remaye 6600 Burges Road Maryland Geo. burial, crematian, ar remaval, and in any 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle and Omer Funk Mamie Chapman Rice physician c 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war ar dates of service) Stover Funeral Home Strasburg, Va. APPROXIMATE INTERVAL attending property of the 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been detached far use as the te Dept. af Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO V YES [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day P.M (If either, natify medical examiner) directar, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, \ 21f. LOCATION Street at R.F.D. Na. City ar Tawn County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram. 19 68, and that in (my) (our) opinion deoth occurred an the date and hour and from the saw the deceased alive an_ causes stated abave, (1) (we) (did) (did nat) view the body after deoth. 22b: SIGNATURE 22c. DATE SIGNED MED. STAFF TO HOSPITAL OR DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Holmes 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 30M REV. 1/68

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	Item 18 Film 404 9-28 MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Year 2b., HOUR
in to a feet	(Type or Print) Glen Lee Ramsey OF ESTI- DEATH MATED 5 23 1968 a.M.
5m 3 16	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONQUINCED DEAD 2d HOUR
PM3.	last birthday) MONTHS OAYS HOURS MIN. Month Day Year 12.02
Separa Programmy	male white 4-6-68 - YRS. 1 17 5 23 19 68 PM 70. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED X 9. COUNTY OF DEATH
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Give Pages and with far the State th.	
after death S. Give Page blong with f with the Stat	aive street address)
g v g v	None
	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY TO
2 v de de de	Md. P.G. W. Hyattsville M NO 1700 van Buren Street
haurs after death Item 18. Give Pag Office olong with 1 and 2 with the Stooffer death.	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost
	Charles Lee Ramsey Norma Lynn Brandrup
hin 24 ncil in niner's pages haurs	16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS
d within in pencil Examiner E	(Yes no, or unknown) (If yes give wor or dates of service) None Victor E. Brandrup, Grandfather, Kensington.
d with per in per in per in 72 in 72	1B. CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONS! AND GEATH
be executed within 24 "pending" in pencil in nief Medical Examiner's ansit permit. File pages event within 72 haurs	PART I. DEATH WAS CAUSED BY: SDII Pulmonary edema and congestion (severe)
Med Med	5/4X DUE TO, OR AS A CONSEQUENCE OF Unknown
per per per per per	Conditions, if ony, which gove
	rise to immediate couse (a), (b) Stating the underlying cause (c) DUE TO, OR AS A CONSEQUENCE OF
shauld be en word "pe can the Chief burial-transit I in any ever	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
sh he v ta t ta t bur d in	DAD A CHUR CICNICIANT CONDITIONS CONTRIBUTING TO DESTU BUT NOT BUILDING TO THE TRANSPORT OF CONDITION OF THE TOTAL OF THE
This certificate shauld cate, writing the word be farwarded to the Ct be used as a burial-trans or remaval, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
is certifice, writing farward farward a remaval,	196. CONDITION FOR WHICH OPERATION 120. AUTOPSY2
0 = 5 = 7	MAS DEDECIDMENT
This icate, be fa	YES NO 1 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2. Item 1B.)
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INER: e certifi shauld files. 3 shauld atian, c	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote
3 3 4 8 6	1000
EXAMINER: cute the cert age 4 shauld your files. Page 3 shaul, crematian, I, crematian,	WHILE AT WORK AT WORK
ICAL E) e executor. Page ed far (CTOR: Purial,	22a. I certify that I taak charge of the remains described abave, held an Autapsy 💢 , Inspection 💢 , Inquiry 💢 , and in my apinior
se exector. Property for the form of the f	deoth resulted from: Natural cayses X, / Accident D, Suicide , Homicide Undetermined manner
please e director retained DIRECT DIRECT ar to bu	CHIEF MEDICAL EXAMINER
pld all d	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
UT, any, be be pl	EXAMINER'S DEPUTY MEDICAL EXAMINER 5-25-68
o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 S may be retained far your D FUNERAL DIRECTOR: Page Health priar to burial, crem	NAME (Type) John Kehoe M.D., Riverdale, Maryland ADDRESS (Street, city, town, or county)
The state of the s	
- FOX	C_REMOVAL(Specify)
IV.	24 FUNERAL DIRECTOR ADDRESS TO DECUDE TO BE DESCRIPTION OF THE PROPERTY OF THE
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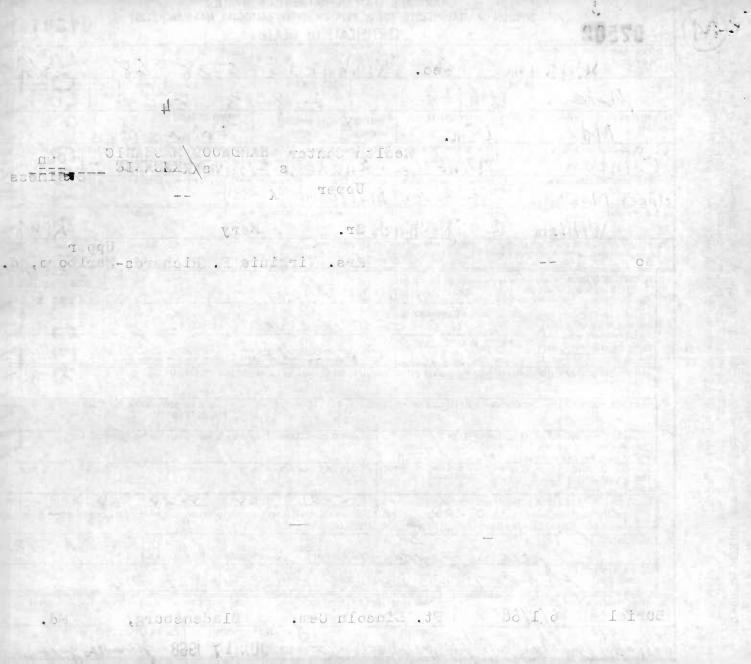
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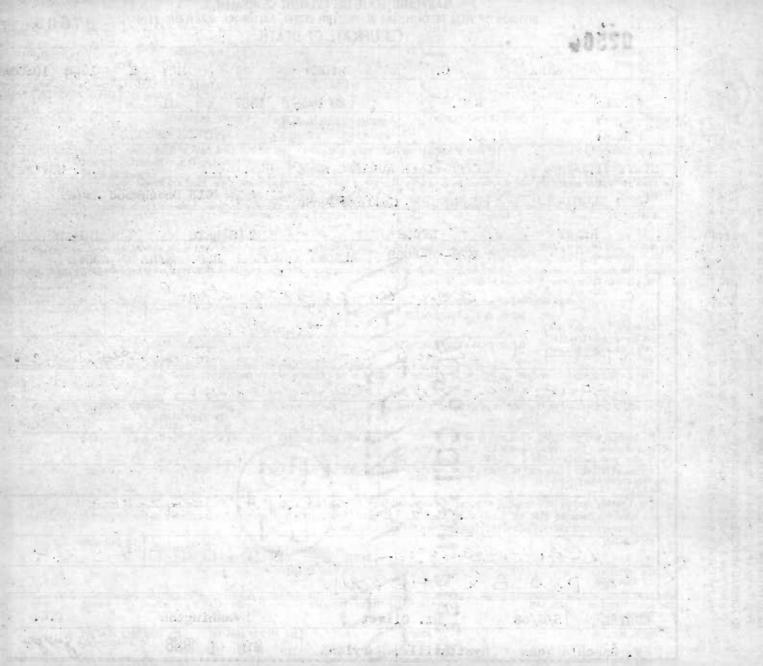
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17506 CERTIFICATE OF DEATH DECEASED-NAME First Middle last 2a. DATE OF DEATH 26. НОЦТЯ requires that the deoth certificate be executed within 24 hours after deoth Month May (Type or print) Lutie 1968 Rhodes Mae physicion and completely filled in by the funer 3 SEX 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF LINGER 24 HRS 6. AGE (In years the ottending physicion and compress, propers. Pages sit permit. Then please remove carbon popers. Pages after permit and one in any event, within 72 hours after the property of the property last birthday) DAYS White 9/16/96 Female. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED TO DIVORCED USA Virginia Prince George 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR qive street address)
E.Leland Memorial Hospital during most of working life, even if retired.) INDUSTRY Riverdale 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. (OUNT Prince George Hyattsvill & X NO 5103 42nd. Ave cremation, or removal, and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Last Middle Last Nip Chisholm Mullins Laura 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes no or unknown) (If yes give wor or dates of service) 17 INFORMANT Address Yes, no, or unknown)
unknown 4408 Queensbuyr Rd. E. Leland Mem. Hosp. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HYPERTENSIVE C-V DISEASE signed by the buriol-transit p Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Page 4 may be retoined by the hospitol or ottending physicion. buriol, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use os the b f Health prior to b FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 director, page 3 should be detoched for use should be filed with the Stote Dept. of Health 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. Month Doy Yeor (If either, natify medical examiner) detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 2-29, 1968, to 3-3. 19 68 , that (1) (we) last saw the deceased alive an 3 196, and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF DEGREE PHYS PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (Stote) (County) RENOVAL (Splicify) 0 Rhodes Cemetery Fluvana Va. 5/6/68 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE F. Gasch's Sons Hvattsville, Maryland 30M REV. 1/68 DATE

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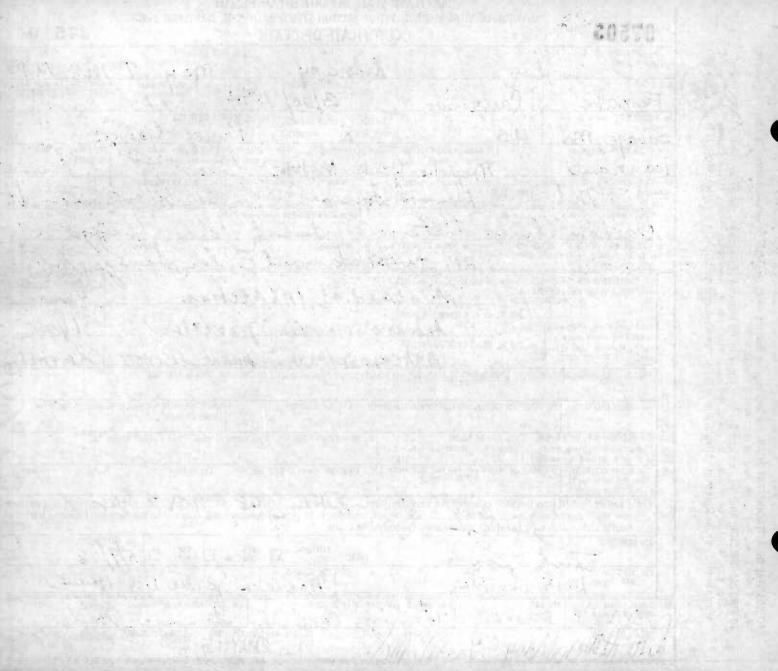
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17507 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. funeral 1 and 2 ter death C Month (Type or print) 10 Yeor reo. ours ofter o 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX MONTHS HOURS the YRS in by 7o. 8IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED T DIVORCED filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OF INSTITUTION ILL not in boshim or 120. HEARTOWOODK INTERVITE ON I 012b. KIND OF BUSINESS OR give street oddress) carban crematian, ar removal, and in any event, wit campletely 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY_OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTYP P.P.B.Fra YES X NO George ATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Lost and First King Mary Sr. physician c 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Upper Yes no, or unknown) Mrs. Virginia E. Richards-Marlboro Md attending p 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) CARIYO RES DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) tar use as the l f Health priar ta b TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES | NO 🗌 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor be detached for State Dept. of h (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while of work 22o. I certify that (I) (this hospitol) ottended the deceased from 5-21, 1968, to 5-28, 1968, that (I) (we) last sow the deceased olive on 5-28 1968, and thot in (my) (our) opinion deoth occurred on the date and hour ond from the be retained directar, page 3 shauld shauld be filed with the causes stoted above. (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. 8URIAL, CREMATION, 23b. DATE (County) (Stote) BALMOTAL (Specify) 6/1/68 Ft. Lincoln Cem / Bladensburg. Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE WHERAL DIRECTOR ADDRESS VR A15 (4) 30M REV. 1/68 1968 JUN 17 VCleaner



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ed car car		USUAL RESIDENCE (Where dece	losed lived, if institution: Residence b	efore 13c. CITY OR TOWN 13d. INSIG	OF CITY LIMITS? 13e. STREET AND NUMBER	1 - 1-
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equires that the deoth certificate be executed within 24 physician. signed by the attending physician and completely filled burial-transit permit. Then please remove carbon pape burial, cremation, or removal, and in any event, within 7.	14.	FATHER'S NAME First	Middle ///	ost IS. MOTHER'S MAIDEN N	IAME First Middle	2 Lost
on on one of one	160	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 116b. SOCIAL SEC	URITY NO.D 17. INFORMANT	Address	rago
ficat ysici ple al, a		es, no, or unknown) (If yes give	e war or dates of service) 211-4	12-1951 & Lange	1 F. L. Sulless	me!
erti ph hen novon	=	10 CAUSE OF DEATH (Sales		-1(1)	risace, For	APPROXIMATE INTERVAL
ding ding		PART I. DEATH WAS CAUS	only one couse per line for (o), (b), o SED BY:		CARchina	BETWEEN ONSET AND CEATH
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the at pe		Conditions, if ony, which gove	e) A.4	Leki o Scienasis	BONDARLER	1 Value
hat n. y th onsi		rise to immediate couse (a)	(b)		GENERALIE	
4: The law requires the or ottending physician. It has been signed by use as the buriol-troisalth prior to burial, cre		stoting the underlying couse lost.	(0)	Very oscleration	herest disease	· L'wanth
quira phys igne ourio urio		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1(0)	
ng pen sen sen sen sen sen to be to be	z	4201				
The law re ottending has been : se as the l	CERTIFICATION	190. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION V	VAS PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDING: CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
The offi	RTE				NO []	
IAN: The all or of it it it is the for use Health		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF OR			(Enter noture of injury in Port 1 or Port	2, Item 18.)
Signature of the state of the s	MEDICAL	(If either, notify medical exor	miner) P.M.	19		
Poge 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon poshould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within the state Dept. of Health prior to burial, cremation, or removal, and in any event.	W	21d. INJURY OCCURRED While Not while of work	e. PLACE OF INJURY (AT HOME, FARM, STI OFFICE BUILDING, E	REET, FACTORY.) 21f. LOCATION Street or R.I	F.D. No. City or Town	County State
by the by the After the be de State (22a, I certify that (I) (this hospital) attended the de	eceosed from	1966, to 774, a) opinian death occurred an the	1965, that (I) (we) last
ed to the She She She She She She She She She S		saw the deceased	ve (I) (we) (did) (dis not) view	and that in (my) (ou	r) opinian death occurred an the	date and haur and from the
Troin the train		22b. SIGNATURE	ver(i) (ye) (uiu) tuitani) viev	ville body differ deoill.	22	2c. DATE SIGNED
OR /	16		1 - The bo	DEGREE PHYS.		77/68
AL AL O		22d. PHYSICIAN'S	V WAY	22e. ADDRESS		111
TO HOSPITAL OR ATTENI Poge 4 moy be retoined TO FUNERAL DIRECTOR: A director, poge 3 should should be filed with the		NAME (Type) Les	n bevitsky	Thaga	du Jarren NS9	House
HO.	230	DESCRIPTION OF A	/	ME OF CEMETERY OR CREMATORY	23d. CATION (City or Town)	(County) (Stote)
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VR A15 (4)	24	PLINERAL DIRECTAR	ALLE MALK	104	/MAY 1 5 1968 /	R'Y SIGNATURE
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VR A15ME (5) 10M REV. 1/68 23a. BURIAL, CREMATION,

REMOVAL (Specify) Burial 5/25/68 Evergreen Baptist Cem. Evergreen. 24. FUNERAL DIRECTOR NA 7 ADDRESS Mt. Rainie 250 REC'D BY REGISTRAR ev's 2Sb. REGISTRAR'S SIGNATURE Funeral Home Inc. Maryland

23d. LOCATION (City or Town)

(County)

(State)

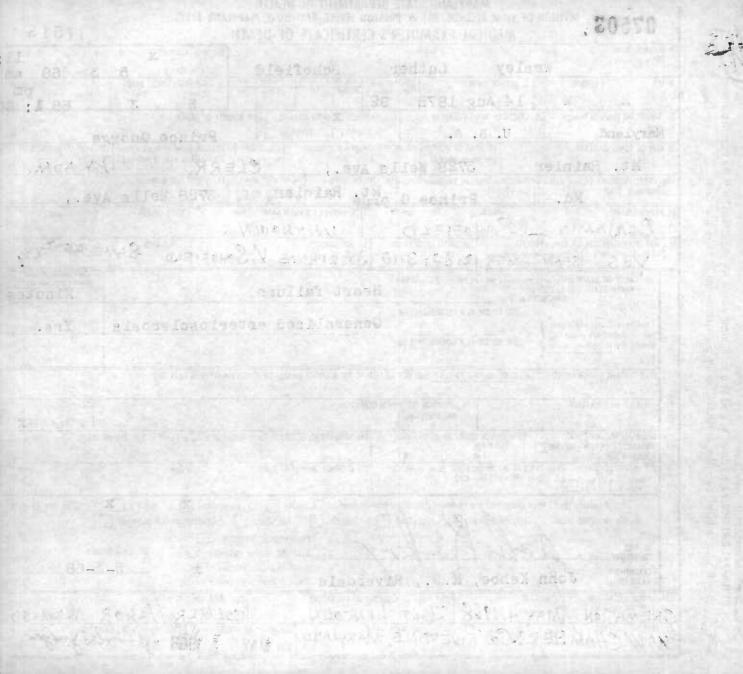
23c. NAME OF CEMETERY OR CREMATORY

Kehoe MD

23b. DATE

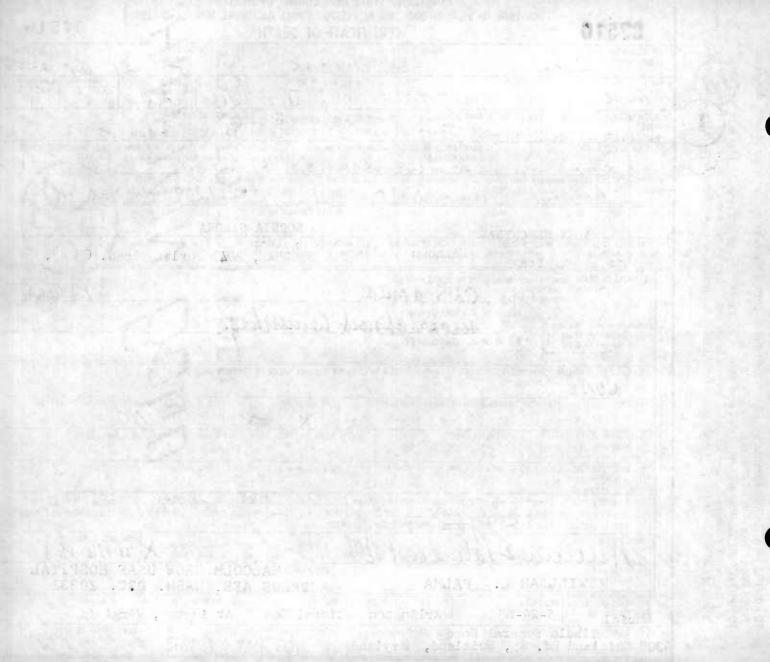
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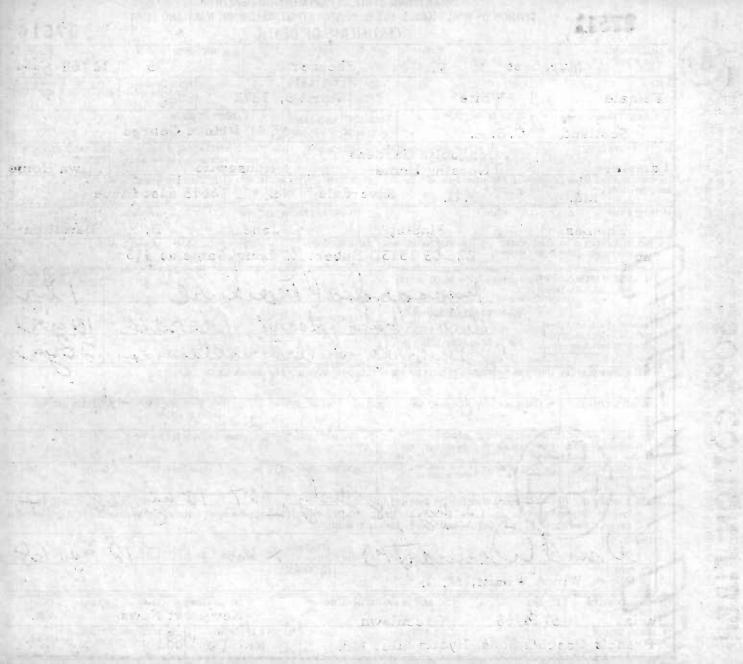
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH WEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month (Type or Print) ESTI-OF Wesley Luther Schofield DEATH MATED 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Tand 2 with the State Departmen PM3 last birthday) HOURS M 14 Aug 98 1875 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm Maryland U. S. A. WIDOWED DIVORCED Give Pages Prince George 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) 00 Mt. Rainier death. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Rainian 3728 Wells 24 hours after First 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME Middle UNKNOWN. OFIELD pages hours 16b. SOCIAL SECURITY NO. ADDRESS SAME AS TE 17. INFORMANT be executed within (Yes, no, or unknown) 218243110 JOSEPHINE event within CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Heart failure Minutes IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF burial-transit Generalized arteriosclerosis Conditions, if ony, which gove Yrs. rise to immediate couse (a). any DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [pe NO T 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) 9 21b. TIME OF INJURY Month, Dov. Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK funeral directar. Page 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X ond in my apinian Inquiry Natural (guses) death resulted fram: Suicide Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL may be re ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE TO FUN Health DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D., Riverdale ADDRESS(Street, city, town, or county) NAME (Type) the 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 2So. REC'D BY REGISTRAR 2Sb. 1968 VR A15ME DATE MA 10M REV. 1/68



-			MAKTLANI DIVISION OF VITAL RECORDS,		AKIMENI OF F		OVIAND 21201		
- (M)		07503			OF DEATH	more, mar	(TDAND 21201	075	514
within 24 haurs after death. rely filled in by the funeral bon papers. Pages Jane 2 , within 72 haurs after death		ECEASED-NAME First	Middle	1	.ost	2a. DATE OF			2b. HOUR
al ar attending physician. ficate has been signed by the attending physician and campletely filled in by the funeral far use as the burial-transit permit. Then please remave carbon papers. Pages Land far use also burial, cremation, ar remaval, and in any event, within 72 haurs after death the contraction of the con	(1	Type or print) Mary		Schwing	ghammer	P. (17-90)	Month Doy	Year	12 93 M
	3. SI	EX	4. RACE	S. DA	TE OF BIRTH				IF UNDER 24 HRS. HOURS MIN.
2		Female	White	Ma	arch 29, 18	381	last birthday) YRS.	IONINS UATS	HOURS MIN.
		BIRTHPLACE (Stote or foreign 7 ntry)	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NE	VER MARRIED X	9. COUNTY OF	DEATH		
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90	10. 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS give street oddress)	TITUTION (If nat in h	ospital 120. USUA	L OCCUPATION	(Kind of wark dane life, even if retired.)	12b. KIND OF B	USINESS OR
70		Hyattsville	Sacr	ed Heart	Home	Gleri	cal-Retired	U.S.	Gov.
47	130. odm Di	USUAL RESIDENCE (Where deceosed ission). STATE STRICT of Columb	lived, if institution: Residence before 13b. COUNTY	Washing	YES (TXT) NO		REET AND NUMBER E Street,	N.W.	表上。
3	14.	FATHER'S NAME First	Middle Last		HER'S MAIDEN NAME F		Middle		Last
		John	Schwinghamm			Anna		P	fax
	16a	. WAS DECEASED EVER IN U.S. ARMED					Address		
		unknown	579-60-06		red Heart I	lome,	Hyattsville		
		18. CAUSE OF DEATH (Enter only PART 1, DEATH WAS CAUSED E	ane cause per line for (a), (b), and (c).)			DHA	1	BETWEEN ONS	ATE INTERVAL SET AND DEATH
		IMMEDIATE	CAUSE (0) PAENO CA	RCINON	1A OF I	ook u	rules	131	month
		1350	DUE TO, OR AS A CONSEQUENCE OF						
		Conditions, if ony, which gove a rise to immediate cause (a),	(b)						
		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF						
			(c)	OT DELATED TO THE	TEDMINAL DISEASE OPC	ONDITION GIVEN	I IN DADT 1/a)		
	_	1750	TIONS CONTRIBUTION TO DEATH BUT NO	T KEERIED TO THE	TERMINAL DISEASE ORC	ONDITION OFFE	THE PART I(U)		
	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PER	RFORMED 20	Oa. AUTOPSY?	20b. IF	YES, WERE FINDINGS COM	NSIDERED IN CER	TIFYING
X	TEC				YES NO	CAUSES	OF DEATH?		
		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW IN	JURY OCCURRED (Enter	noture of injur	y in Port 1 or Port 2, Ite	m 18.)	Turney.
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Doy Year P.M. 19						
	ME		ACE OF INJURY (AT HOME, FARM, STREET, FACTORIES BUILDING, ETC.	TORY,) 21f. LOCATIO	N Street or R.F.D. No.	City	or Tawn	County	State
		22a. I certify that (I) (this	hospital) attended the decease	d from De	c/, 19 E	0, to 1	nay 9 , 196	, that	(I) (we) last
		saw the deceased aliv	e an May 4	9 <u>60</u> , and tho	t in (my) (our) opi	nian death a	accorred on the date	e and hour o	nd from the
		couses stated abave, ((I) (we) (did) (did nat) view the b	pady affer death	l		22. 04	ATE SIGNED	
		Throness	7 (100 M	DEGREE	ATTENDING PHYS. M	IED.	STAFF PHYS. STAFF	-9-6	8
,		22d. PHYSICIAN'S	- E		22e. ADDRESS	INLETON -	11113.	100	0.00
1		NAME (Type) THOM	MAS F. COLLIN	US MU					
0	230	BURIAL, CREMATION, 23b. DA	TE 23c. NAME OF C	CEMETERY OR CREM	ATORY	23d. LOCATIO	ON (City or Town)	(Caunty)	(Stote)
De		REMOVAL (Specify) Burial	May 11, 1968 Gate	of Heav	ren	Silve	er Spring M	ontoome	czy Md
19	24.	FUNERAL DIRECTOR	ADDRESS		2Sa. REC'D B	Y REGISTRAR	ZSD. KEGISTKAK Sasi	IGNATURE	edas
683	1	RANCIS J. LOL	LINS 3821 14T	5TN.WW.	ASH DATE IN	13	1968 geli	orces &	

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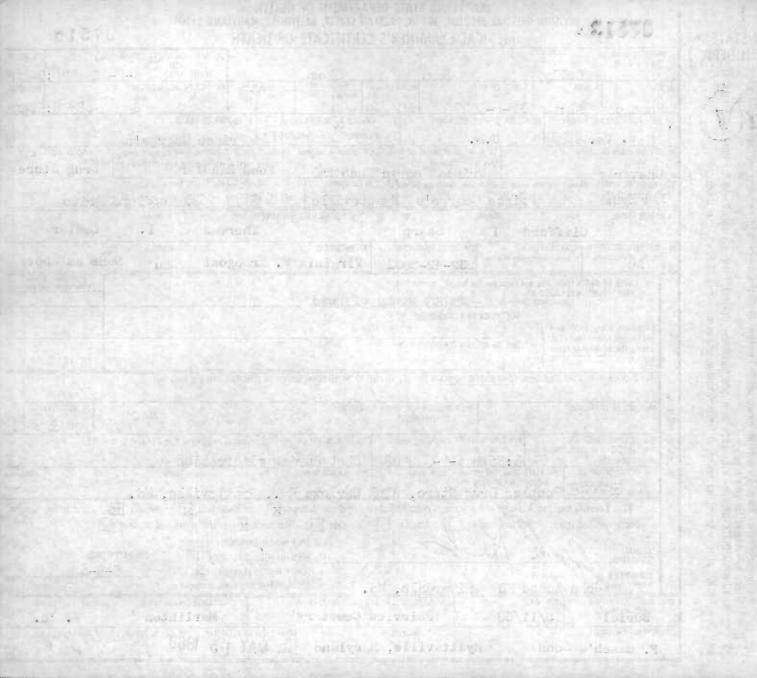


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT DECEASED-NAME First 2a. DATE KNOWN Middle Manth 2b. HOUR (Type or Print) ESTI-OF di O Wilbur Cornelius Shirley DEATH MATED IF UNDER I YEAR IF UNOER 24 HRS. 4. RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD 3. SEX 5. DATE OF BIRTH 2d. HOUR (ast birthday) 1 and 2 with the State Departm 2-11-1946 19 L. L. Oam M Male White 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.S. A. Office along with fagin country) Md. WIDOWED [DIVORCED Prince George's 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street oddress) Prince George Hospital INSTREET Metal Sheet Metal Worker Cheverly 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death. Prince George admission) STATE in Item 18. YES NO-Box 347. Tippett Road Clinton after (Middle 1S. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Carl В. Shirley Frances E. Clemmer the Chief Medical Examiner's pages haurs 5304 Emerson Street Hyattsville, Maryland 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT pencil be executed within (Yes, no, or unknown) Carl B. Shirley File within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Laceration of brain DUE TO, OR AS A CONSEQUENCE OF Skull Fracture burial-transit Canditians, if any, which gave rise to immediate couse (a), This certificate shauld the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ 4 should be farwarded ta pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 removal, CERTIFICATION nsed 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗍 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Parantem of returned. 5 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 should MEDICAL PRIMARY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. burial, cremation, EXAMINER: Driver of motorcycle which went out of control -11-19 68 21d. INJURY OCCURRED 21f. LOCATION Street ar R.F.D. Na. 21e. PLACE OF INJURY (At home, form, street, City or Town County NOT WHILE Kenilworth Avenue, near Rt. 50, Prince George County, Md. FUNERAL DIRECTOR: Page please execute 22a. I certify that I taok charge of the remains described above, held an Autapsy ... Inspection X Inquiry 1 and in my apinian Natural eauses Accident K. / Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER [X] 5 may TO FUNE Health **EXAMINER'S** NAME (Type) Riverdale, Md. ADDRESS(Street, city, town, or county) ehoe MD nn 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify 5/14/68 Ft. Lincoln Colmar Manor P.G. Md. 24. FUNERAL DIRECTOR ADDRESS VR A15ME (5) Francis Gasch's Sons Hyattsville, Md.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07518 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPA 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Doy 2b. HOUR Year (Type or Print) ESTI-DEATH MATED Dolly Skeen 198:30amM Jean 4. RACE 6. AGE (In years 3 SEX IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD S DATE OF BIRTH 2d. HOUR Ken 8:30amM 12-6-1927 White Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH W. Va. WIDOWED | DIVORCED [U.S. State 8. Give Pages Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office olong with INDUSTRY Stope give street address) during most of warking life, even if retired.) land 2 with the Prince George Hospital Cheverly deoth. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER George's Ivattsville YES NO 7631 Goodland Drive Item 1 ofter 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle I. Clifford I Sharp Theresa Lester within 24 the certificate, writing the word "pending" in pencil in 4 should be forwarded to the Chief Medical Examiner's pages 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes give war or dates of service) Virginia F. Arbogost Same as above 232-42-3802 Dau File event within APPROXIMATE INTERVAL be executed 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise ta immediate cause (a). ony certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) removal, 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? pe YES THE NO 0 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 should PRIMARY X OR CONTRIBUTING MEDICAL HOUR A.M cremation, CAUSE OF DEATH 3:3500 5-7-19 68 Shot during altercation
21f. LOCATION Street or R.F.D. No. City or To-21e. PLACE OF INJURY (At hame, farm, street, 21d. INJURY OCCURRED City or Town County State WHILE NOT WHILE Peoples Drug Store, 8101 Barlowe Rd., Hyattsville, Md. the funeral director. Poge burial, 22a. I certify that I took charge af the remains described obave, held on Autopsy k. 5 Inspection x, Inquiry x, ond in my opinion death resulted from: Notural causes Accident . Suicide . Hamicide & Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5-9-68 DEPUTY MEDICAL EXAMINER TX **EXAMINER'S** NAME (Type) John Kehoe MD ADDRESS(Street, city, town, or county) Riverdale. Md. 0 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (State) REMOVAL (Specify) 5/11/68 Fairview Cemetery Marlinton 24. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR F. Gasch's Sons Hyattsville, Maryland 5 VR A15ME (5) 10M REV. 1/68



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William C. Heinsteine, H. O. Frot.sidg., Greenselt, Haryland20770

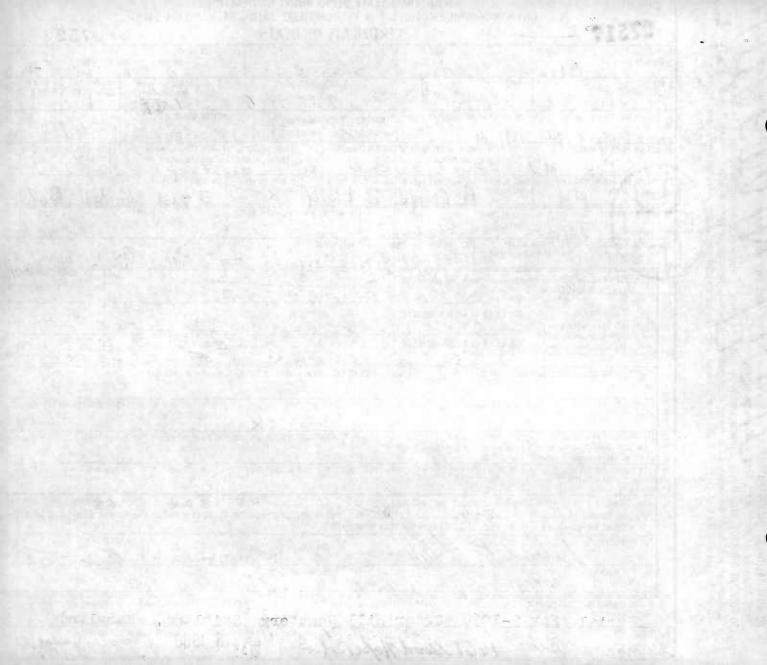
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07520 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost Middle 2a. DATE OF DEATH 2b. HOUR (Type or print) W. Bonnabell Steiner IF LINDER 1 YEAR 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years after last birthday) MONTHS DAYS HOURS 7-26-95 White YRS Female requires that the deoth certificate be executed within 24 hours the attending physician and completely filled in by fisit permit. Then please remove carbon papers. Poy notion, or removal, and in ony event, within 72 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Prince George DIVORCED [WIDOWED 3 USA Md. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of wark dane 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) during post of working life, even if retired.) INDUSTRY. Riverdale Eugene Leland Memorial 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN 13e. STREET AND NUMBER 204 5th. St., admission) STATE 13b. COUNTY 120810 NO [YESK Prince George 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last George Ward Jesse Hopper 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, ar unknown) (If yes give war or dates of service) Patient / Medical Records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) -BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) MELLITUS BETES UNKNOWN DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) buriol-tronsit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use as the k TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been so that the second of the position of 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION CAUSES OF DEATH? YES 🗀 NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor P.M. detoched 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 22 APR, 19 68, ta 10 MAY, 19 68, that (I) (we) last saw the deceased alive an 10 MAY 19 68, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. DEGREE 22e. ADDRESS 4404 Q 22d. PHYSICIAN'S C. J. Houmann, M.D. Queensbury Rd., Riverdale, Md. NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 230. BURIAL, CREMATION, (County) MOVAL (Specify) 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 30M REV. 1768



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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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OR H		causes stated abave, (I) (we) (did) (did nat) view the bady after death.
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exectly page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a director, page 3 shauld be detached for use as the burial-transit permit. Then please remained by the state Dept. af Health priar to burial, crematian, or remayal, and in any		NAME (Type) FLERED R. LARIN CLINTON, MO
O HOS	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) (Caunty) (State)
00000		REMOVAL (Specify) May 9-1968 Cedar Hill Cemetery Suitland, Maryland
VR A15 (4)	24	FUNERAL DIRECTOR ADDRESS TUNES P. P. 250. REPOSE REGISTRAR S SIGNATURE OF THE PROPERTY SIGNATUR
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07525 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2b. HOUR 2o. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death. Month 4 5 (Type or print) M. SUNSTIE ALMA 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS I HOURS OV. 30 WHITE YRS. FEMALE in by 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) WIDOWED M DIVORCED and completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 12o. USUAL OCCUPATION (Kind of work done event, within 1D. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) INDUSTRY during most of working life, even if retired.) HOUSEWIFE 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 30 X 13c. CITY OR TOWN odmission) STATE 13b. COUNTY NO YES buriol, cremation, or removal, and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First ONZO SUSIE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, arankabwa) MRS. ROBER APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse pendine for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OF AS A CONSEQUENCE, OF Conditions, if ony, which gove) burial-tronsit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been see os the b prior to l 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO T of Heolth p O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a. I certify that (I) (this house) attended the deceased from 19 , tay and that in (my) (aur) apinian death accorded and haur and from the director, page 3 should should be filed with the causes stared abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S STREET PRINCE GEORGE ROBERT NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 230. BURIAL, CREMATION, 23b. DATE MOVAL (Specify 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 37526 1. DECEASED-NAME First 20. DATE KNOWNK Month Yeor (Type or Print) OF ESTI-Louis Albert Tanguay DEATH MATED 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD 2d HOUR Day white 3-29-20 1.8 male. YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Mass. U.S.A. WIDOWED IT DIVORCED [7] Prince George's 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 126 KING OF BUSINESS OR give street oddress)
Leland Memorial Hospital during most of working life, even if retired.) Governent Riverdale 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 132 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER P.G. 51st Terrace YES NO 9906 Park 14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle lost Mary Telesphore H Beauregard Joseph Tanguay 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** (Yes, no, or unknown)
Yes 013 16 4889 Madalene E. Tanguay Same as #13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Heart Failure IMMEDIATE CAUSE (o). DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove Arteriosclerotic Heart Disease rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO K 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Stote County foctory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described obave, held an Autapsy , Inspection X. Inquiry X and in my opinion Suicide . deoth resulted fram: Notoral causes X Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) John Kehoe M.D., Riverdale, Maryland ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)

Gate of Heaven

DATE

ADDRESS

5/80/68

Francis Gasch's Sons Hyattsville, Md.

Silver Spring Montg.

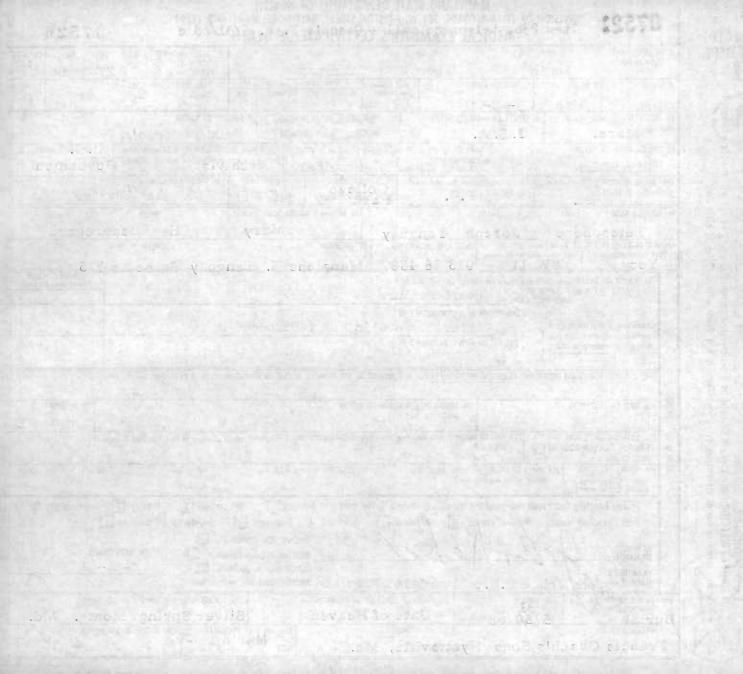
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VR A15ME (5) 10M REV. 1/68 Burial

24. FUNERAL DIRECTOR

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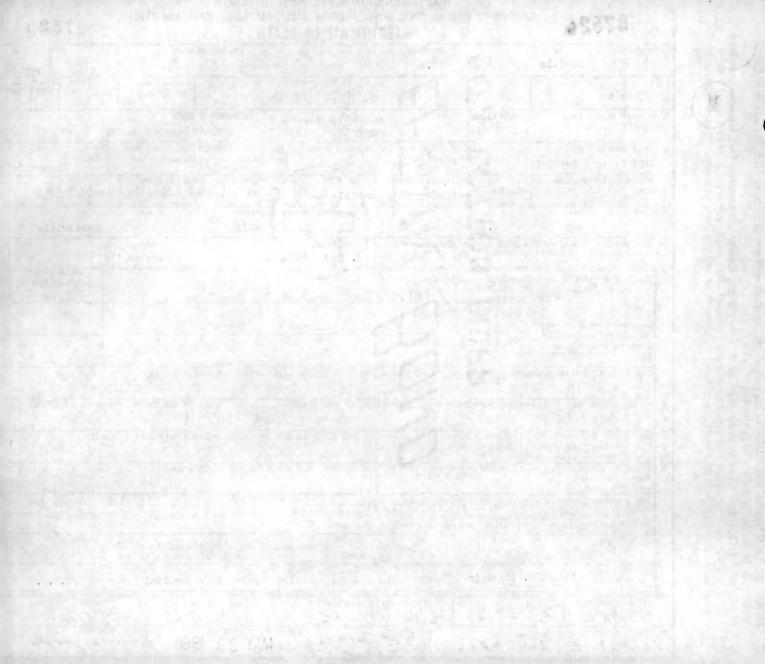
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1				E DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE,		
FOR STATE	4697			R'S CERTIFICATE OF DE		07530
HEALTH DEPT.	1. DECEASED-NAME (Type or Print)	First	Middle	Last	20. DATE KNOWN Month	Day Year 2b. HOUR
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delay and 3. Ma. Pag	3. SEX		last	E (In years IF UNDER 1 YEAR IF UNDER birthday) MONTHS DAYS HOURS	THE PARTY OF THE PROPERTY OF THE PARTY OF TH	2d. HOUR
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I haurs Item 18 Office I and 2	14. FATHER'S NAME		Middle Last	IS. MOTHER'S MAIDEN NAME	First GREATHO	
24 h in It r's O r's O rrs of	SAM	UEL W	YCKOFF	FRANKIE	GREATHO	DSE.
s certificate should be executed within 24 haurs a e, writing the word "pending" in pencil in Item 18. farwarded to the Chief Medical Examiner's Office al sused as a burial-transit permit. File pages 1and 2 wemaval, and in any event within 72 hours after dec	16a. WAS DECEASED (Yes, no. or unkn	EVER IN U.S. ARMED FORCES? OWn) (If yes give wor or dates of	16b. SOCIAL SECURITY N		eKOFF Sam	(AS# 12
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certificate should be e writing the word "per srwarded to the Chief used as a burial-transit maval, and in any ever	last.	underlying cause DUE	/.\			HILLSU (DATE)
the slate sl	PART 2. OTHE	R SIGNIFICANT CONDITIONS CON	(C) ITRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR O	CONDITION GIVEN IN PART 1(o)	
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certif arwar used maval	19a. DATE OF	OPERATION	19b. CONDITION FOR V		-11-584-04-02-04-1	20. AUTOPSY?
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ER: This certificate, ould be fare.			TIME OF INJURY Month, Day, Yea HOUR A.M.	21c. HOW INJURY OCCURRED (En	iter noture of injury in Part 1 or Part 2,	Item 18.)
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	WHILE	NOT WHILE factory, affice	JURY (At hame, farm, street, building, etc.)	21f. LOCATION Street at R.F.D. Na.	City ar Tawn	County State
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necessary, please en the funeral director. S may be retained to FUNERAL DIRECTOR. Health prior to bu	NAME (Type			torio .	, city, town, or county)	
5 = + 2 5 H	23a. BURIAL, CREN		23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(County) (State)
	BURIS	NUNE	1968 SIM.	PSON CEM.	SIMPSON, W.	VIRG-INIA
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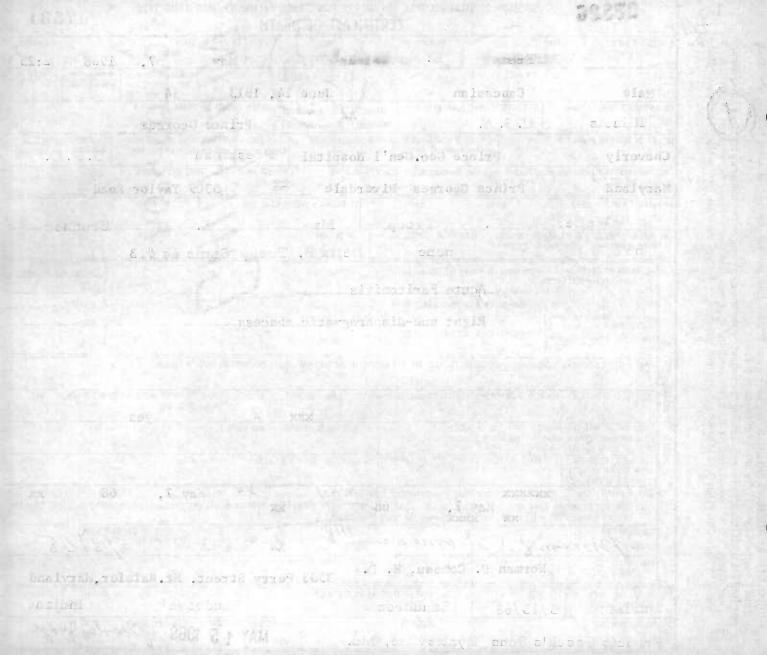
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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	(,	ype or print) W	ALTER	E.	1.1	ROUF		May	Month 7	1968 1968	2:25
	3. SE	X	4. RACE			. DATE OF BIF	RTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male	Caucasi	an	25/4-	June	14, 1	913	last birthday) 54 YRS	MONTHS DAYS	HOURS MIN
	7o. E	SIRTHPLACE (State or foreign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED			9. COUNTY OF	DEATH		
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	10. 0	ITY OR TOWN OF DEATH	11. NAN	AE OF HOSPITAL OR IN	STITUTION (If not	in hospital	12o. USU	AL OCCUPATION	(Kind of work dane	12b. KIND OF	8USINESS OR
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1	13a.	USUAL RESIDENCE (Where de	ceosed lived, if institution	n: Residence before	13c. CITY OR 1		13d. INSIDE CITY L	IMITS? 13e. ST	REET AND NUMBER		
0	adm M	ssion) 1 STATE	Prince	Georges	Riverd	ale	YEXXX NO	0□ 530	9 Taylor	Road	
1	-	ATHER'S NAME First	Middle	Last		MOTHER'S MA	IDEN NAME F		Middle		Lost
		Walter	C.	Trou	ın	Ida		E		D	and in.
	16a.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	6b. SOCIAL SECURITY		FORMANT			Address	Brunn	le r
	ľ	es, no or unknown) (If yes s	give war or dates of service)	none	De	ella B.	Trou	ip Sam	e as #13		
		18. CAUSE OF DEATH (Enter	r only one cause per line	for (a), (b), and (c)							IMATE INTERVAL ONSET AND DEATH
		DADT I DEATH WAS CA	USED BY: LEDIATE CAUSE (a)AC							SETTICE!	MISEL AND DEATH
		5/70		A CONSEQUENCE OF							
		Conditions, if any, which go					,				
		rise ta immediate cause (ght sub-c	Hapnrag	gmatic	ansce	SS			
		stating the underlying coulast.	(c)	71 001132 0011102 01						411	
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE OR (ONDITION GIVE	N IN PART I(o)		
	-	576 X									
	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20a. AUTOR	PSY?	20b. IF	YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
1	TIFIC	PER JEST OF				YES SEX	NO F	CAUSES	OF DEATH?		
-	CER	21a. ACCIDENT WAS UNDER	LYING 21b. TIME OF I	NJURY	21c. HO			r nature af inju	y in Part 1 or Port 2	, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF (If either, natify medical ex		Manth Doy Year						93401	
	MEC	21d. INJURY OCCURRED	21e. PLACE OF INJURY	T HOME, FARM, STREET, FA	,	ATION Street	or R.F.D. Na	. City	or Town	County	State
		While Nat while at wark	10	OFFICE BUILDING, ETC.	1						
		22a. I certify that (I)	(trick(seems)) after	ded the deceas	ed fram 1/2	AV	, 19;	55, ta N	av 7 1	9_68_ , that	(1) (see) (
		22a. I certify that (I) saw the deceased couses stated ab	d alive on May	7	19.68 and	that in (my	() (app) api	inion death o	occurred an the d	late ond hour	and from t
			ove, (I) (xxx) (did) 1c	tickount) view the	bady affer de	eath.					
		22b. SIGNATURE	15) une	we 7	LATTENDIN		MED.	STAFF	. DATE SIGNED	6
		Minne	mx	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DEGRE	11113.		IRECTOR -	PHYS.	18/4	0
1		22d. PHYSICIAN'S NAME (Type)	Norman D.	Comeau,	M. D.	22e. ADDF		Channe	Mr. Dedm		-1 1
	00	DUDIN COSMATION O	OL DATE	I no. MAME OF	CEMETERY OR C		Perry		Mt.Rain		
	230.		3b. DATE 5/13/68	Sandb:	CEMETERY OR C	KEMATUKT		Sandh		(County)	diana
		FUNERAL DIRECTOR	3/13/00	ADDRESS			25g REC'D R				
			hla Cana T					Y 15	1968 REGISTA	carles &	udge
-	1	Francis Gasc	n's Sons F	iyatts VIII	e, ma.		DAIF BARA	. 10			· E4

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificote be executed within 2<u>4 hou</u>rs after deoth.

Page 4 moy be retained by the haspital or attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07532 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. DECEASED-NAME First Middle Last 2a. DATE KNOWN X Month (Type or Print) ESTI-Emory Poge Carter Wade 168 DEATH MATED IF UNDER 24 HRS. 6. AGE (In years last birthday) IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. 26 Dec 27 4.0 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Virginia olong with form U. S. A. WIDOWED [DIVORCED [Prince George 8. Give Poges with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address) 821 Southern Ave., during most of working life, even if retired.)
Manager Oxon Hill Tea Co. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c-CITY OR TOWN admission) STATE 13b. COUNTY Prince William 13e. STREET 432 NUMBER griew Drive 13d. INSIDE CITY LIMITS? YES NO X Woodbridge lond 2 4 should be forworded to the Chief Medical Examiner's Office after 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Rov Wade Lee Lucy Moselev pencil in hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** Woodbridge, Va. (Yes, no, ar unknawn) Yes Mrs. Mabel V. Wade, 432LongviewDr. 230 24 9509 File within 72 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH = 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Gunshot wound of chest Winutes IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Canditians, if any, which gave rise ta immediate cause (a), writing the word ony certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= ond PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 or removal, 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [NO T 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, 9:30 Mam 5 Manager of store shot during armed robberv CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town FUNERAL DIRECTOR: Poge AT WORK AT WORK ARP Store factory, affice building, etc.) 821 Southern Ave. Oxon Hill Prince George 220. I certify that I took charge af the remains described above, held an Autopsy 🔀 Inspection 3 Inquiry X, and in my apinian deoth resulted fram: Natural equises / Accident/ Suicide Homicide X Undetermined manner CHIEF MEDICAL EXAMINER prior **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL FXAMINER SIGNATURE John Kehoe, M.D., DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Heolth NAME (Type) ADDRESS(Street, city, tawn, ar county) the 23a. BURIAL, CREMATION /23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial Mount Comfort Cemetery Fairfax Co... Virginia 6 May 68 FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Cunningham-MountcastleFuneralHme VR A15ME (5) DATE MAY Woodbridge, Virginia 10M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07533 CERTIFICATE OF DEATH 2b. HOUR D 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH (Type or print) Robert R. Ward May in by the pers. Pages I a 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR requires that the death certificate be executed within 24 haurs after lost birthdoy) MONTHS Male Caucasian 12/9/84 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED ve carban papers. event, within 72 h USA DIVORCED [WIDOWED [Prince Georges campletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Prince Geo.Gen'l Hospital during most of working life, even if retired.)
Merchant Marine (apt INDUSTRY Balto. Cheverly 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Mary Land Prince Georges YES NO 7905 Oland Court N. Carrollton and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Zachariah Ward Mary Wheeler 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, go, or unknown) signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, Robert Ward 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
Mucinous ade Mucinous adenocarcinoma of stomach, massive -IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove with local extension and hepatic metastasis. rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) be detached far use as the State Dept. af Health priar ta Massive replacement of pancreas by carcinoma of stomach. TO FUNERAL DIRECTOR: After this certificate has been ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES XX 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work director, page 3 shauld shauld be filed with the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE May 2, 1968 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Ohannes Sahakyan, M. D. 6001 Landover Rd., Cheverly, Maryland 20785 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) ltimore, 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR John A. Moran, Inc. 3000 E. Baltimore Street DATE MAY 1968 30M REV. 1/88. 7

MAKTLAND STATE DEPARTMENT OF HEALTH

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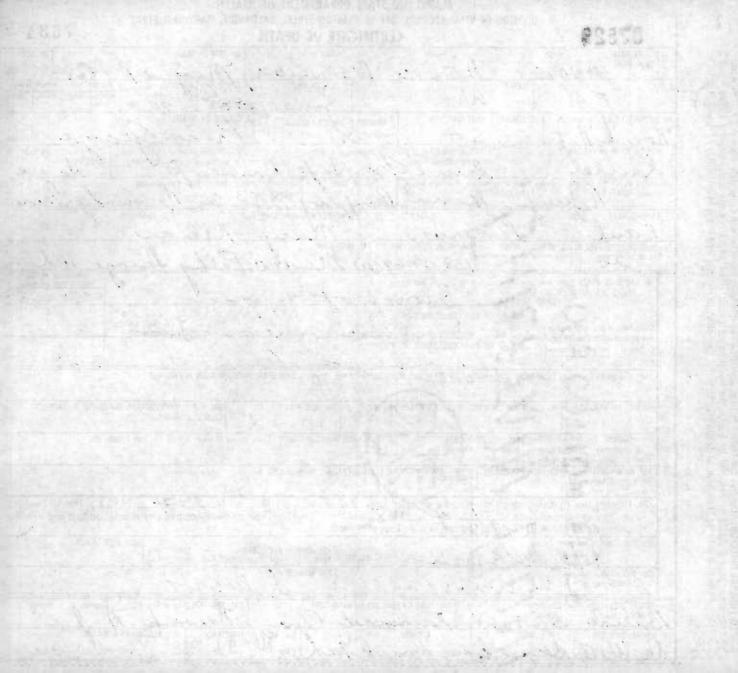
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£ (1) £		CEASED-NAME First	Mide	dle	Lost	2o. DATE O		d.	2b. HOUR
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5 E	3. SI		4. RACE		S. DATE OF BIRTH		6. AGE (In years		UNDER 24 HRS.
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be executed ond compared in ony even	14.	ATHER'S NAME First	Middle 13 Av	Lost	IS. MOTHER'S MAIDEN NAM	AE First	Middle	T AVAILA	lost BLE
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. etained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the there should be detached for use as the burial-transit permit. Then please remove carbon papers: Prest, or should be detached for use use the burial, cremation, or removal, and in any event, within 72 hours after death the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.	160	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give w		SECURITY NO. 17.	INFORMANT A.	WECKE	Address L (SAME	45 130	7
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S PHYSIC the hospi this certi detoched e Dept. of	W	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME, FARM OFFICE BUILDING	, STREET, FACTORY,) 21f. I G, ETC.	LOCATION Street or R.F.D.	No. City	or Town	County	Stote
DING by there be stot		22a. I certify that (I) (thi	s haspital) attended the	deceased fram	nd that in (my) (our)	9.6 / ta_	5-8, 19	that (I)	(we) last
TEND onld ould		causes stated abave	(I) (we) (did) (did not) vi	ew the bady after	death.	apinian acam	accorred an the da	e ana naor and	- Trum me
TO HOSPITAL OR ATTENDING PH' Poge 4 may be retoined by the h O FUNERAL DIRECTOR: After this director, page 3 should be detoc		22b. SIGNATURE	O. Ely	DEC DEC	GREE PHYS.	MED. DIRECTOR	STAFF PHYS. \Box 22c. \Box	ATE SIGNED	
TAL ALD Page pegge		22d. PHYSICIAN'S NAME (Type)			22e. ADDRESS		0.	ilate	= 1
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E PP	-	(Type or print) Mrs. J.	***************************************	Last Wen	2o. DATE OF DEATH Manth December 1	y Year
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24 hau d in b pers. 72 ho		ochina	U.S.A.	8. MARRIED 🔀 NEVER MARRIED 🗌 WIDOWED 🗍 DIVORCED 🗍	9. COUNTY OF DEATH Prince Georges	Md
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs. De retained by the hospital or ottending physician. **IRECTOR:* After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use os the burial-tronsit permit. Then please remove corbon papers. Paged with the State Dept. of Health prior to burial, cremation, ar removal, and in ony event, within 72 hours.	10	O. CITY OR TOWN OF DEATH		h Nursing Home during H	AL OCCUPATION (Kind of work done ast of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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LOR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate ge 3 should be detached for us led with the State Dept. af Healt		While Nat while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			County Stote
by by Stat		22a. I certify that (I) (thi	is hospital) attended the decease	d from 220ct de 19_	66, to 12000y, 19.	that (I) (we) last
OR ATTENI be retained JIRECTOR: A 8 3 should e 3 should ed with the	1	causes stated above	live an 5 May 1 e, (I) (we) (did) (did not) view the I	968, and that in (my) (our) op	inion death accurred on the do	ite and hour and from the
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TO HOSPITAL OR ATTENE Page 4 moy be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	1	NAME (Type)	730 24TH STREET, N. V	v. P.G.Co. Md	says Dr. Baer	
V Perty	2	3a. BURIAL, CREMATION, 23b.M		EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stale)
55 5 4		REMOVAL (Specify) Burial 5-2	22-1968 333 4353 Ce	dar Hill Cemetery	Suitland, Princ	e Georges Co.
VR A15	1	JFUNERAL DIRECTOR Wawler!	ADDRESS		BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE JUNGE
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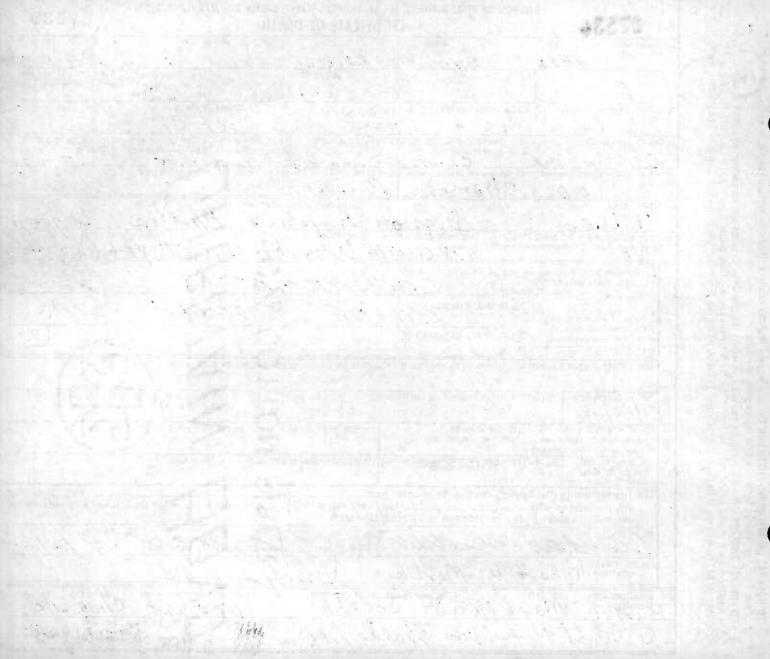
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 753 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2a. DATE OF DEATH 2b. HOUR Manth 30, (Type or print) A. 1968 ar Effie Whitmore May executed within 24 haurs after dec 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years last birthday) Female Caucasian Dec. 20. 1894 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Virginia .⊑ U.S.A. WIDOWED PO DIVORCED [Prince George's filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Prince Geo.Gen'l Hospital during thost of working life, even if retired.) Cheverly carpotetely 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland YES NO George's Mt/Rainier 2504 Allison Street any 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Middle Middle pup death certificate be burial, cremation, ar remaval, and in Amos Balt Vauahn ora physician 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h, SOCIAL SECURITY NO. 17. INFORMANT (If yes give war ar dates of service) Yes, no, or unknown) yes Wallace Whitmore 4404 Argone Ave. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ORONARY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF HATENiosezenotic HEART Conditions, if any, which gove rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b Health prior tab this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? CAUSES OF DEATH? YES [NO F 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Manth Day Year (If either, notify medical examiner) State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Tawn County While Not while O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from Jane 1960, ta 5 30, 1968, that (I) (we) last saw the deceased alive on 3 15 1968, and that in (my) (our) opinion death occurred and the date and haur and from the director, page 3 shauld shauld be filed with the causes stoted obave, (1) (we) (did) (did not) view the body after deoth. **ATTENDING** PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Norman D. Comeau, M. D. 3503 Perry St., Mt. Rainier, Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23b. DATE 23o. BURIAL, CREMATION REMOVAL (Spegify) Arlington Va. Arlington National 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sh. REGISTRAR'S SIGNATURE Georgia Avenue VR A15 (4) 30M REV. 1/68 Villander Inc. Silver Spring Pumphrey. DATE

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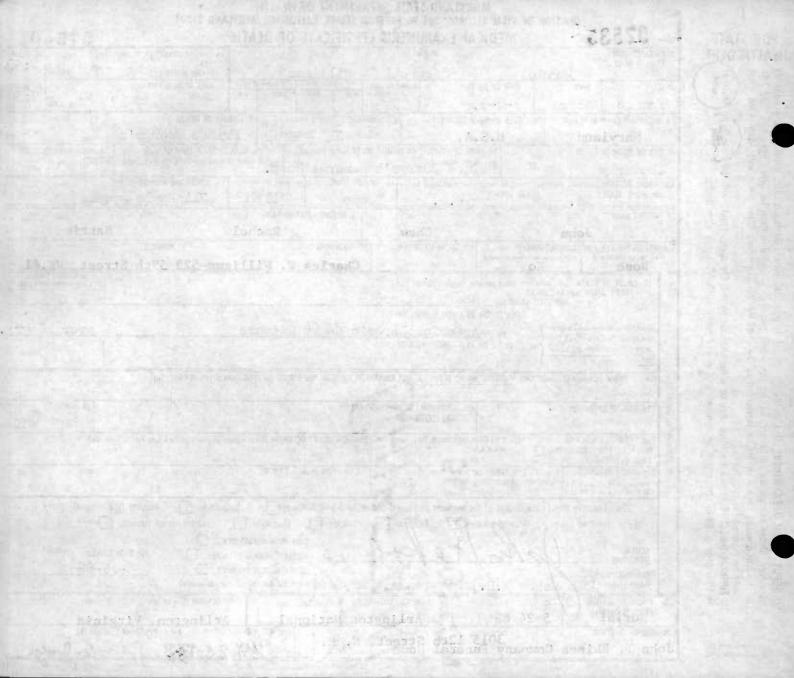
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07539 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH ofter death (Type or print) Month Year NELL 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 4. RACE DATE OF BIRTH 3 SEX last birthday) DAYS HOURS MONTHS O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH hou 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) filled in popers. P. G. 4.5 WIDOWED [DIVORCED | within 72 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH give street oddress) during mast of working life, even if retired.) INDUSTRY corbon CHINTON 30. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY 13b. COUNTY NO [or removol, and in any 14 FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First idm physician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (If was give war or dates of service) Yes, of unknown) 18. CAUSE OF DEATH (Enter anly one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) burial, cremation, DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gave) burial-tronsit rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detoched for use as the State Dept. of Health prior to has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? YES 🗍 NO [O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County State City or Town While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram_ and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an_ be retained director, page 3 should should be filed with the causes stated abave, (I) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22e. DATE SIGNED ATTENDING PHYS. DIRECTOR 22e_ADDRESS PHYSICIAN'S NAME (Type) 23d-LOCATION (County) DATE 23a. BURIAL, CREMATION, has 2Sb. REGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 20. DATE KNOWN 2b. HOUR Yeor (Type or Print) ESTIdelay is and 3 ta OF Page 1968 Carrie Elizabeth Williams DEATH MATED ment 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2d. HOUR 3. SEX 5. DATE OF BIRTH 2c. DATE PRONOLINCED DEAD PM3 HOURS Doy 79 female Negro 1-4-95 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, with farm Maryland U.S.A. WIDOWED X DIVORCED Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR George's General Hosp. give street oddress INDUSTRY Cheverly Office alang land 2 with 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY in Item 18. YES X NO Bowie 8714 Maple Avenue after 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Rache1 Harris John Chew haurs bages Examiner's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT within pencil **ADDRESS** (Yes, no, or unknown) Charles W. Williams-523 59th Street, NE.# None File within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND GEATH be farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (0) Heart Failure DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove (b) Arteriosclerotic Heart Disease over 10 vrs. rise to immediate couse (a). certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD removal CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES [NO X pe 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld 4 shauld PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry X and in my apinian death resulted fram: Suicide [Natural rauses X Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5-19-68 DEPUTY MEDICAL EXAMINER 5 may b TO FUNER Health **FXAMINER'S** ehoe M.D., Riverdale, Maryland ADDRESS (Street, city, town, or county) NAME (Type) Joh 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) 5-24-68 Arlington National Arlington, Virginia 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** John T. Rhines Company Funeral Street, N. E. 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death (Type or print) Month Doy CATHERINE AGNES WOODAT.T. 3. SEX S. DATE OF BIRTH 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Pages requires that the death certificate be executed within 24 hours after lost birthday) DAYS HOURS ď FEMALE WHITE JULY 1 T886 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED [WIDOWED -BALTTMORE PRINCE GEORGES the attending physician and campletely filled sit permit. Then please remave carban page within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during mast af working life, even if retired.) INDUSTRY PRINCE GEORGES COUNTY HOUSEWIFE CHEVERLY 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN odmission) STATE 13b. COUNTY NO [YES 1835 S. HANOVER STREET MARYTAND BATTIMORE BALTIMORE and in any 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle JOHN WATSH UNKNOWN 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) ar remaval, MRS. Bernadine Green 1835 S. Hanover St. XXXXXXXXXXX 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave) errosser burial-transit rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying couse signed k burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta l as the has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o, AUTOPSY? CAUSES OF DEATH? YES 🗌 far use Health p NO DO O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY Stote City or Town County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from March 16, 19 66, to May 70, 19 68, that (1) my Zi saw the deceased alive on_ 19 66, and that in (my) (aur) apinian death accurred on the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED page 3 DEGREE DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS directar, pa should be f NAME (Type) CARD LOZADA 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (Stote) (County) BYY (Specify) GLEN HAVEN CEMETERY GLEN BURNTE 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV, 1/68 1968

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7546 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME 20. DATE KNOWNITT Month Day Year OF ESTI-Zomp 6. AGE (In years IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR male white 11-20-1950 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED | DIVORCED Prince George's Pag 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street oddress) Riverdale eland Memorial Hospital death. 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY CIMITS? 13e. STREET AND NUMBER land 2 with the certificate, writing the word "pending" in pencil in Item 18. G 4 shauld be farwarded ta the Chief Medical Examiner's Office alat 13b. COUNTY 14111 Bramble Lane AEZ NO Laurel 741S. MOTHER'S MAIDEN NAME after Middle 14. FATHER'S NAME Middle Lost hours pages 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war or dates af service) 28-66. 4060 Mr File within APPROXIMATE INTERVAL executed CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. IMMEDIATE CAUSE (a) Laceration of brain event DUE TO, OR AS A CONSEQUENCE OF skull fracture burial-transit Conditions, if any, which gave rise ta immediate cause (a). any This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 0 removal, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO IX YES 🗍 10 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH cremation, 30-1968 Driver of car involved in collision 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town State Not white Queens Chapel Rd. and Underwood St., University Park, Md. the funeral directar. Page burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X. Inquiry X, and in my apinian Natural causes Suicide . Hamicide retained death resulted fram: Accident X Undetermined manner CHIEF MEDICAL EXAMINER prior 1 ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. DEPUTY MEDICAL EXAMINER (XX) TO FUNER Health **EXAMINER'S** Riverdale, Md. ADDRESS(Street, city, tawn, ar county) NAME (Type) John Kehoe MD 239 BURIAL, CREMATION 23d. LOCATION (City or Town) 23b. DATE MAME OF CEMETERY OR CREMATORY (Caunty) (State) REMOVAL (Specify) EUNERAL DIRECTOR 2So. REC'D BY REGISTRAR **REGISTRAR'S SIGNATURE**

DATE JIN

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